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THE TEST DRUG-PROVING

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THE TEST DRUG-PROVING

OF THE

"O. O. & L. SOCIETY"

A RE-PROVING OF BELLADONNA

BEING AN EXPERIMENTAL STUDY
OF THE PATHOGENIC ACTION OF THAT DRUG UPON THE
HEALTHY HUMAN ORGANISM

CONDUCTED UNDER THE AUSPICES OF THE AMERICAN HOMŒOPATHIC
OPHTHALMOLOGICAL, OTOLOGICAL, AND LARYNGOLOGICAL
SOCIETY, WITH THE INDORSEMENT AND CO-OPERATION
OF THE AMERICAN INSTITUTE OF HOMŒOPATHY
AND VARIOUS STATE AND LOCAL SOCIETIES

ARRANGED AND CONDENSED BY THE GENERAL DIRECTOR
OF THE PROVING

HOWARD P. BELLOWS, M.S., M.D.
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WITH ILLUSTRATIONS

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TO THE CAUSE
OF PROGRESSIVE AND SCIENTIFIC MEDICINE

THIS BOOK IS DEDICATED

BY THOSE WHO BELIEVE THAT THE QUICKEST, THE SAFEST, AND THE SUREST WAY OF CURING THE SICK LIES IN THE APPLICATION OF THE THERAPEUTIC PRINCIPLE

SIMILIA SIMILIBUS CURANTUR

PREFACE

To my Co-Laborers in Drug Proving: —

Referring to the work of this Test Proving I have, in another place, employed the simile of fishermen drawing their net. The figure is apt and may be somewhat expanded. First came the construction of the net itself, and this was the work of many months, for its size is large, its mesh is small, and its shape is new and peculiar. Then came the casting of the net in our inexperience, the arduous work of drawing, the hard pull ashore, and the weary sorting of the fishes. And now we all stand together upon the shore with our labor done. Our fishes are displayed so that they can best be seen. Our net is spread for inspection. Let us feel the hand of congratulation. Let us hear what "they say" about our catch. Let us see who next will use the net.

HOWARD P. BELLOWS.

220 Clarendon Street, Boston,
August, 1906.

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THE TEST DRUG-PROVING

INTRODUCTION

In comparing the results obtained by this drug-proving with the symptomatology of Belladonna, as found in our older works, it must be kept distinctly in mind that there is presented here the record of a *pure* drug-proving. That is to say, every symptom here noted was obtained by the action of the drug, in non-toxic doses, upon the healthy human organism, without the addition or admixture of any symptoms or drug-effects obtained from any other sources whatever. It can hardly be realized, without critical study, how large a percentage of the symptoms ordinarily ascribed to Belladonna are the result of poisonings, some of them fatal, the effects of external applications, or the action of over-doses administered to the sick. For instance, in Allen's Encyclopedia, of two hundred and fourteen authorities cited which can be tabulated, one hundred and nine deal with poisonings, sixty-four with the effects of over-doses, liniments, plasters, berries, etc., and only the remaining forty-one are provings, properly so called. In the "Cyclopædia of Drug Pathogenesy," of forty-one authorities quoted, twenty-one deal with poisonings and the remaining twenty with provings.

The result of this compilation and mixing of symptoms in our older symptomatologies is an undue prominence given to symptoms of an exaggerated character, and to the more violent and striking drug-effects characteristic of poisonings. In comparison with these older records the new one here presented may, for this reason, seem to be somewhat lacking in force and in consequent value. In point of fact, what it may lack in this kind of force enhances its value as a guide in practice. The drug-effects which this proving has developed are those seen in patients in ordinary states of sickness, while under treatment with reasonable hope of recovery, and not those seen in cases perhaps already moribund and beyond hope from any therapeutic measures. It is far more useful and reliable for our guidance in prescribing that we see such effects as these plainly presented in their true relationship to other symptoms and in a just degree of intensity, as developed in a pure proving, rather than to have the attention caught by the more glaring effects

which are, perhaps, never seen in curable cases. These should be incorporated in our future records, but should be distinctly marked as poison effects, which must not be taken unduly into account in an ordinary prescription.

In examining the record of this work, especially as regards the manner in which it has been carried out, it should also be borne in mind that this is a *test* proving. Very many questions, of more or less practical import, arise constantly in relation to the best manner of conducting drug-provings in future. The use of tinctures or dilutions; the size and repetition of the dose; the use of control tests; the length of the proving; the value of routine examinations; the best mode of recording results, etc., are subjects of such inquiry. Many of these questions relate to points of minor importance, but all have to be met sooner or later. In this proving, every such question which the general director has been able to foresee has, in one place or another, been worked out. Careful scrutiny will reveal these, and the student of drug-proving, who is sufficiently interested to follow through these pages critically, and note the points of difference in the various provings, will find answers to such questions already at hand by simply comparing the results which have been obtained by varying modes of procedure. Everything in this proving has bent to the idea of settling points of doubt by actual results, the only practical criterion.

It will be noted that the basis of study in every proving which follows is a *narrative*. This shows, day by day, the dosage and the developing effects of the drug, while the symptoms produced are seen always in their sequence and in their relationship to each other, the presentation of which is considered to be of very great importance. The order of subsidence of symptoms is also of interest and value, and is here preserved. The repetition of symptoms, day by day, occupies much space, but it is not without its advantage in impressing upon the mind more firmly the scope of the drug's action. We are taught that food which has been too highly concentrated is more difficult of digestion and assimilation than that which retains something of bulk and expansion. The same principle seems applicable to the mind in acquiring knowledge, a certain amount of repetition, especially in matters of detail, being also a requisite.

Next to the narrative, and serving in a measure as an index to it, is presented a *synopsis* of the effects of the drug as exhibited in distinct systems or physiological divisions of the body. This, it is thought, will be of particular value to specialists, as well as to students, serving to fix in the mind a series of pictures of the pathogenic power of the drug in special directions, after having acquired a knowledge of the drug's action in general, while avoiding the absolute disjunction of symptoms which has

been the bane of our materia medica in the past. In order to still preserve the sequence of symptoms, they are presented in these synopses in the order of their development. To this end the time between the appearance of the first and the last symptom in each system or physiological division is divided into five equal portions, and these are designated in their order by the first five letters of the alphabet. A symptom occurring first upon one of the earliest days of the proving, but reappearing, from time to time, throughout the whole period, will be found entered once only, under A, but will be followed by a numeral exponent designating the whole number of days on which it appeared. A symptom first appearing in the middle period will be found entered in division C, etc. This arrangement serves also as an approximate index in case a given symptom, of especial interest, is to be traced back to its group of accompanying and associated symptoms in the narrative.

In the summary of results in condensed form, where the records of the fifty-three provings are thrown into one, a new physiological or systemic *schema* is presented. This is based upon the synopses just mentioned, and preserves, so far as is possible, the sequence in the development of symptoms as indicated by the five alphabetical divisions. The recurrence of the same symptom in different provings and on different days in each proving is here indicated by two numerals, placed as exponents, instead of one as in the synopsis. The symptom itself is entered but once, in the alphabetical division which marks its first appearance; the first numeral exponent gives the number of different provers who experienced the symptom, and the second numeral gives the total number of different days on which it is found recorded. Grouped with such a symptom are others of the same import but presenting slight degrees of difference, which may have occurred later in the proving, the relative time of their appearance being designated, in each case, by the appropriate letter from A to E. In addition to the fourteen divisions, appearing in the synopses, which contain all the symptoms developed during the proving, three more divisions appear in the finished schema, one presenting in review the Regional Conditions, another Sensations, and the third Modalities. The possibility and the manner of still further condensing the symptoms in this schema, should this be deemed desirable, will be found demonstrated in the section relating to the ear.

A comparative study of the summarized results of this proving and those of former provings conducted by the older methods, which was one of the main objects of this test, would not be possible without the construction of another schema, upon the familiar anatomical lines, which would conform to the older standards. This also has been done and forms a separate

chapter, following that devoted to the schema in the newer form. Whether it will be deemed desirable to preserve the newer form in future rests upon the decision of the profession as a whole, when it, as the ultimate court of appeal, shall have passed judgment upon its merits or its defects.

The final summary of results in their most condensed form became possible only through a departure from the original language of the provers and the narratives and the employment of more general terms in their presentation, and of larger and more comprehensive groupings in their arrangement. By this method the symptoms which occupied one hundred and sixty-eight typewritten pages in the first condensation were presented in twenty-eight pages, and constitute a chapter by themselves, which is the crown of the whole work. To this all are referred who desire a quick survey of the results in their entirety, or in any special field of study or practice. As better serving this end, in the opinion of the compiler, the divisions of the new schema have been followed in this final condensation, and by employing this chapter as a Key it will be found practicable to follow back, through the first condensation, to the original record of any symptom, in its proper narrative, where it can be viewed in its sequence and relationship to all associated symptoms.

The chapter on the effects produced by Belladonna upon animal organs and tissues, with its valuable illustrations, will be found of great interest. This is a record of absolutely original work which has been carried out by Dr. S. C. Fuller, the Pathologist of the Westborough Insane Hospital, with a painstaking thoroughness which is apparent in every detail. The results obtained by these experiments are not incorporated into the proving and do not appear among those obtained by the action of the drug upon the human organism, but stand by themselves and serve to throw a strong side-light upon the action of the drug. They also serve to demonstrate just how far such auxiliary experimentation may be of use and practical benefit in the drug-proving of the future, and help to solve the question whether such sources of information would better be continued or discontinued in the study of drug pathogenesis.

As regards the action of the drug in general, as affecting various portions of the organism, it may be briefly stated that, of our fifty-three provings, twenty-three show the effects of the drug most markedly in the mind and nervous system; fourteen in the alimentary system, the disturbances here being chiefly referable to the mucous surfaces of the alimentary tract; ten show the most prominent effects in the nose and throat, and the remaining six in the eyes. As affecting the bodily tissues, the chief effects of Belladonna, as exhibited in this proving, are first upon nerve tissue, and, second, upon mucous membrane.

The effects upon the skin, which our materia medicas emphasize, are less pronounced in this test than would be anticipated, twenty-three out of fifty-three provings showing no record of any skin symptoms whatever. The remaining thirty confirm all the classical skin effects, but the great prominence into which certain of them have been thrown heretofore is shown to be due to the results of poisoning and not to the milder results of drug-proving, strictly so called.

In studying the action of the drug in detail and noting the multiplicity of effects recorded, the thought will be borne home to some, and especially to those who are little familiar with homœopathy, "Of what profit is all this array of symptoms? Is it to be thought that this one remedy is a cure-all in itself? You have proved so much that you have not proved anything!" In answer, three things are to be brought to mind. First, the remedy is one of our leading polychrests, so-called, and presents in its pathogenic action a greater variety and range of symptoms than perhaps any drug in the materia medica. Few other drugs, even if proved with equal thoroughness, would present so many symptoms. Second, we have learned in our previous provings that there are many symptoms which are idiocyncrasies of individual provers. These we are able to exclude in the method which has governed this proving. But we have learned, as the result of this method, to appreciate, as never before, the fact that there are many symptoms which, as opposed to idiocyncrasies, are experienced by all people who are sick, whether from drug action or from any other cause. These are, many of them, trivial, but they are of many different sorts, and in a proving like this all are recorded. No matter what the drug which is proven, if so thorough a method is followed, this same multitude of minor symptoms will appear. Their value is so small that in critical study and in practical prescribing they may virtually be disregarded. We have often seen fishermen of experience overhauling the catch in their nets. They scarcely seem to see the mass of common little fishes at all as they cull out those of value, and back they go finally into the sea. They always find these at every drawing of the net and always throw them away. This present proving may aptly be compared to a net much larger in spread and with much smaller meshes than any which we have before employed. What wonder that all the fishes, both good and indifferent, when preserved and classified, present such an array. Third, it must be remembered that this record of our proving is a repository of all symptoms, both general and characteristic, which the drug is capable of producing, and is not a text-book or manual for quick prescribing. Such books are prepared from repositories like this, and in them the process of culling excludes the confusing mass of generalities and brings into

prominence the characteristic symptoms and related groups of symptoms which occur, again and again, in different provers of the drug in question and which do not thus occur in the provings of other drugs. But even in such a repository as this, the eye of the experienced homœopathic physician discerns readily and dwells upon these more important and characteristic effects of the drug, while such symptoms as are common to all sick states and to all provings are practically little heeded.

And now, a word in regard to future publications of this nature. It must have occurred to every reader who has taken this book in hand that if it required as many years to provide the material, and as many pages to publish the results of each drug-proving as have been employed in this one, the end of the movement to re-prove the entire homœopathic materia medica could only be looked for some generations hence, and the volumes issued would constitute a library in themselves. Here again it must be remembered that this is a *test* proving, in which many problems, great and small, which bear upon future provings have been worked out and laid aside. These results make possible a shorter path in future, but they demonstrate, at the same time, that the work of drug-proving, to meet the new requirements, must henceforth rest upon an institutional and no longer upon an individual basis. In an Institute, properly equipped for the purpose, it is credible that ten provings, or twenty at most, would furnish every symptom which has been yielded by the fifty-three here presented, and with a far greater degree of accuracy and amount of exact detail. The mode of obtaining these results could be simplified and made more direct in many particulars without altering the general lines of procedure which have led to our first success. In this way a vast amount of time could be saved, and weeks be made to do the work of months in the collection of material. Again, in the publication of this material in future, it would neither be necessary nor desirable to print every narrative in full. In a polychrest like Belladonna, we find four leading types of action, and it is probable that, were the records of all our provers equally complete, the presentation of five or six narratives would cover every salient detail in the pathogenic picture and serve to fix it well in the memory. In the case of drugs whose field of action is less extended than the polychrests one or two narratives would serve the purpose equally well. The original narratives themselves should be carefully prepared and preserved where always accessible for critical study, and they should be made, in every instance, the basis of published results, but an occasional selected narrative in its entirety, with a few synopses to present special fields of action, and a well executed schema are all that is necessary for the shelves of the physician or student of medicine. Such a principle of selection applied to the present volume would so

materially lessen it in size that its formidable aspect would be wholly lost, but, in that case, it would fail in the full accomplishment of its purpose — to present, in detail, the record of a far-reaching and many-sided test proving.

It is worthy of note in this connection, however, that should we set wholly aside every question of methods or results, which constitute the most important part of this work, one claim to recognition, if no other, would still remain to the contents of this book. From cover to cover it owes absolutely nothing, as regards the material presented, to any work previously done in the field of drug-proving, but stands as an original and distinct addition to our knowledge of the pathogenic power of Belladonna.

CHAPTER I

THE HISTORY OF THE TEST DRUG-PROVING

THE test drug-proving of the American Homœopathic Ophthalmological, Otological and Laryngological Society was due to a desire on the part of its members for a more accurate and technical knowledge of the effects of drugs upon the special organs which it is their province to study. This desire was voiced in the presidential address which was delivered before the Society June 16, 1900, at its session in Washington, D. C., entitled "The Re-proving of the Homœopathic Materia Medica from the Standpoint of a Specialist." [1] In this address there was formulated a definite working plan by which it was believed the desired information could be obtained. At the same time the plan proposed was equally mindful of specialists in all other departments of medicine and the general practitioners as well, and aimed at a comprehensive and thorough revision of our knowledge of drug-action in every aspect. The ideas advanced met with immediate favor because they appealed to the general need of the profession as well as to the individual desire of every member of the Society. The committee on the president's address, therefore, incorporated the following recommendation in its report: —

"This Society, composed as it is of a large body of energetic and scientific workers, cannot do a greater or a more necessary work than to at once practically demonstrate the ideas set forth.

It is the opinion of the committee that if a decisive step in this direction can be taken by our own body, the result will be such as to cause other sectional organizations to eagerly carry on the work in the different line in which they may be especially interested.

The committee would suggest that the president select a single standard pharmaceutical preparation for such proving: that he appoint committees composed of representative men, from our larger cities, to carry on this work, and that a report of the results accomplished be made at our meeting next year.

It is also suggested that a thousand reprints of the address be made, and that copies be sent to such members of our profession as shall be selected by our secretary, and that a report of our proposed work be sent to the chairman of the Materia Medica Bureau of the American Institute for the consideration and approval of this body of therapeutic specialists."

[1] See Appendix A.

These recommendations of the Committee were adopted forthwith by the Society and the test-proving was inaugurated.

In accordance with the course of action proposed, the following committees were appointed in thirteen of the largest cities throughout the country: —

New York.	John B. Garrison, M.D., Charles Deady, M.D., Irving Townsend, M.D.
Brooklyn.	John L. Moffat, M.D., Herbert D. Schenck, M.D., Alton G. Warner, M.D.
Chicago.	C. Gurnee Fellows, M.D., J. H. Buffum, M.D., Charles J. Swan, M.D.
Philadelphia.	Bushrod W. James, M.D., Charles M. Thomas, M.D., Harry S. Weaver, M.D.
St. Louis.	James A. Campbell, M.D., J. Martin Kershaw, M.D.
Boston.	George B. Rice, M.D., T. Morris Strong, M.D., David W. Wells, M.D.
Baltimore.	Charles L. Rumsey, M.D., Thomas L. Shearer, M.D.
Cincinnati.	Thomas M. Stewart, M.D., Robert G. Reed, M.D., Ella G. Hunt, M.D.
Buffalo.	F. Park Lewis, M.D., Fred. D. Lewis, M.D., Frank B. Seitz, M.D.
Cleveland.	W. A. Phillips, M.D., G. H. Quay, M.D.
Detroit.	D. A. MacLaren, M.D., Harold Wilson, M.D.
Washington.	William B. King, M.D., J. B. Gregg Custis, M.D., Marvin A. Custis, M.D.
San Francisco.	Hayes C. French, M.D., A. C. Peterson, M.D.

This being done, the Executive Committee of the Society considered the next step to be taken, inasmuch as the committees appointed had no definite line of action before them and no authority to ask the aid of their colleagues in carrying out the proposed proving, while without such aid their own efforts would be inadequate to the task. The Executive Committee also felt strongly that the whole work would lack uniformity and fail to yield the accurate scientific data desired, unless there was some one individual to assume the direction of the movement as a whole and see that the various boards of provers in different parts of the country were making this test under similar conditions and along the same practical lines. As the result of their deliberation they passed unanimously the following resolution: —

"Resolved, That the several committees upon proving which have been appointed from the American Homœopathic Ophthalmological, Otological, and Laryngological Society in our larger cities be instructed to invite their professional colleagues in these cities to co-operate with them in carrying out a test proving of a single remedy in accordance with the scheme outlined by Dr. Bel-

lows in his presidential address last year, and that Dr. Bellows be appointed general director of this test proving."

The general director was thus inducted into office, after no little reluctance and many misgivings on his part as to his fitness for the position. Finally accepting the full responsibility, however, the work of organizing the proving boards was entered upon without delay. Opening correspondence with the chairmen of the above committees the request was made that the members of each committee should choose in their own city, after mature deliberation, the man whom they considered best fitted to carry on the work in that locality, whether a member of the O. O. and L. Society or not, and that the man thus chosen should be made acquainted with the duties which would devolve upon him in accordance with the proposed scheme of proving, that his consent to fill the position should be gained, and that he be brought into correspondence with the general director.

In this manner the following local directors were chosen and received their appointment: —

New York.	J. B. Garrison, M. D.
Brooklyn.	J. L. Moffat, M. D.
Chicago.	C. H. Evans, M. D.
Philadelphia.	Joseph C. Guernsey, M. D.
St. Louis.	P. Brickbauer, M. D.
Boston.	Edward P. Colby, M. D.
Baltimore.	Eldridge C. Price, M. D.
Cincinnati.	Wm. A. Geohegan, M. D.
Buffalo.	J. T. Cook, M. D.
Detroit.	R. C. Olin, M. D.
Washington.	J. B. Gregg Custis, M. D.

These local directors, chosen as above stated, received further instructions directly from the general director, and were authorized to select and appoint each his own board and perfect their organization for work. Each proving board, as outlined in the original scheme, was made to consist of twelve or thirteen physicians; the local director with one or two associates, these usually being general practitioners, and specialists to act as examiners of the mind and nervous system, the eye, ear, nose and throat, chest, genito-urinary system, and skin, together with a physiologist, an analyst, and a bacteriologist. Thus the proving boards were organized in a manner to insure harmony and a common interest in the work to be undertaken, it being deemed wiser to have the boards chosen by the director, rather than the director chosen by the board. The personnel of the various boards, as completely organized, will be stated later.

The next step was to raise funds with which to defray the

expenses of the proving, as it was considered essential to the best success of the plan that the provers should receive pay for their services, since their time for about three weeks would be almost wholly required for their visits to the various examiners, and, without a sense of both obligation and compensation on their part, few persons would carry the work through properly to the end. To the average person even a small payment carries with it the sense of a contract and makes his engagements seem more binding. All services of directors and examiners were gratuitous throughout, and it was arranged that all the general expenses of the proving should be met from a central fund, leaving every dollar which could be raised by the local boards entirely at their own disposal, to be used in the payment of their provers and of their own local expenses, whatever they might be.

Two different methods were pursued by these boards in raising funds: first, an appeal to state and county societies for an appropriation from their treasuries, and second, an appeal by circular letter to the members of state and local societies asking contributions from them as individuals. The first method was inaugurated in New York State, prompted by men upon the Brooklyn O. O. and L. committee. These met with such hearty encouragement from their colleagues in the profession in general, and particularly from a committee already appointed to make a report to the Society upon the best method of increasing interest in the materia medica in our school, that the New York Society was the first to pass a vote to co-operate in the movement proposed, and added an appropriation of $200 from its treasury towards expenses incurred in that State. The first individual to contribute to the same end was Dr. R. A. Adams, of Rochester, N. Y., who voluntarily added $50 to the funds mentioned. This was at the meeting of the New York State Homœopathic Medical Society, in Albany, in February, 1901. Subsequent appeals to county societies brought additional appropriations for the use of the proving boards in that State. The second method was inaugurated in Massachusetts, where a circular letter, issued in May, 1901, by the members of the Boston committee of the O. O. and L. Society to their colleagues in the profession as individuals brought in a ready contribution, in some instances including sums given by patients for the purpose, and established a fund for the use of the proving board in Massachusetts.

By one or the other of these two methods all the various proving boards, as they were organized, provided for themselves the necessary funds to carry on the work projected. Thus, in Chicago, the expenses of the proving were met by an appropriation of $200 made by the Illinois Homœopathic Medical Association for proving drugs; in New York City from an appropriation voted by the Homœopathic Medical Society of the

County of New York; in Rochester, N. Y., from voluntary contributions of physicians and an appropriation from the Monroe County Homœopathic Medical Society; in Brooklyn, from the share of the State Society's appropriation and the contribution of Dr. Adams, and from an appropriation voted by the Kings County Homœopathic Medical Society; in St. Louis, from contributions by members of the proving board itself; in Cleveland, no expense incurred, the provers being volunteers; in Philadelphia, the same condition so far as known; in Baltimore, from funds provided by the Maryland State Homœopathic Medical Society and three physicians; in Iowa City, from the local director's private funds, the expense being small as the provers were all student volunteers, and in Boston, from contributions by the profession at large increased by two appropriations, wholly voluntary, which were subsequently voted by the Worcester County Homœopathic Medical Society and the Massachusetts Homœopathic Medical Society.

The central fund from which all the general expenses of the proving, as a whole, were to be paid by the general director, was formed at Richfield Springs, N. Y., at the meeting of the O. O. and L. Society, and of the American Institute of Homœopathy, in June, 1901. The beginning of this fund was a donation of $50 for the purpose, made at the business meeting of the O. O. and L. Society, by Dr. A. B. Norton of New York City, on behalf of the editors of the *Homœopathic Eye, Ear and Throat Journal*. Two days after the adjournment of the O. O. and L. Society, the American Institute of Homœopathy took the proposed proving under consideration and extended not only its hearty endorsement, but also aid of the most practical and substantial sort in accordance with the following unanimous vote: —

"That a committee of three be appointed by the chair to cooperate with the American Homœopathic O. O. and L. Society in carrying out the test proving which that society has undertaken; and that the sum of $300 be appropriated from our treasury and placed at the disposal of the general director of that proving, to be used in defraying the expenses incurred."

The committee appointed consisted of W. A. Dewey, M. D., of Ann Arbor, Mich., Geo. Royal, M. D., of Des Moines, Iowa, and J. B. Gregg Custis, M. D., of Washington, D. C.

With funds thus provided the more practical work of preparation for the test proving was begun. Arrangements were made for an ample supply of the tincture of the drug which was to be proved. The name of this drug, as an essential part of the plan, was known to none but the directors of the proving, and was kept by them in absolute secrecy until the meeting of the O. O. and L. Society at Niagara Falls in June, 1904. It is known by

all now that it was Belladonna. The tincture was duly prepared in Germany, and was made in strict accordance with the directions contained in the Pharmacopœia of the American Institute of Homœopathy. It was received under seal from the maker by the general director, and the contents of the several bottles were thoroughly mixed in one common receptacle, a bottle of very large size which was not only new, but had been thoroughly cleansed and dried in a sterilizer. From this bottle a sample was submitted for assay and tests to Prof. Wilbur L. Scoville, of the Massachusetts College of Pharmacy. The following was received from him: —

"I herewith report upon the sample of tincture submitted for assay. One hundred cubic centimeters of the tincture yielded by assay 0.0396 grains of alkaloid.

This alkaloid residue responded characteristically to all the tests for the mydriatic alkaloids, and when treated with gold chloride the characteristic crystals of both atropine and hyosciamine were obtained, as should be expected from a good tincture of Belladonna.

Tests for other alkaloids were all negative.

No evidence could be obtained of the presence of the tincture of bodies other than those which are found in the mydriatic drugs.

(Signed) WILBUR L. SCOVILLE."

Thus the purity of the tincture employed was determined beyond doubt, and its exact alkaloidal strength determined by an acknowledged authority. This tincture was forwarded freely from time to time in specially prepared vials to the various directors in any quantity required by them, and every proving recorded in this series was made from this one tincture.

In order to secure uniformity in the conduct of the proving in various cities, and also to secure such classification of results that they could be readily and accurately collated when received, the next task was to prepare a concise set of directions for the use of the local directors, and a complete set of blank forms for the use of the special examiners upon the various boards. It was designed that these forms should admit of satisfactory grouping and permanent classification and preservation in future, so that at any time these records will be available for the study or verification of the symptoms obtained. To aid in the preparation of these forms the general director called upon his colleagues on the Boston Proving Board, and these gave freely of their time and thought. It was only after many weeks of earnest work and many consultations on the part of these colleagues, that the material for these forms was provided. After this, it was no small labor to cast each part in definite arrangement for printing. To save expense, this printing was entirely done by the mimeograph process, in a room adjoining the general director's office, and under his personal supervision at all times.

The best idea of this part of the work will be conveyed by the statement that eighteen thousand sheets of paper were used in the preparation of these sets of examiners' forms. The special scope, the nature and construction of these, will be the subject of a separate chapter.

Upon the completion of these forms a full sample set was forwarded to each of the local directors of the proving in New York, Brooklyn, Chicago, Philadelphia, St. Louis, Boston, Baltimore, Cincinnati, Buffalo, Cleveland, Detroit, and Washington; also a set to each member of the co-operating committee of the American Institute, a set to the professor of Materia Medica at San Francisco, and one, upon request, to Dr. H. W. Hoyt, of Rochester, N. Y. Subsequently Dr. George Royal, one of the co-operating committee of the American Institute, organized a proving board at Iowa City, which did very different work, and Dr. Hoyt of Rochester organized an enthusiastic board in that city which did work second to none.

Requisitions for sets for provers from various cities followed directly upon the distribution of sample sets, and the machinery of the test proving came at last into full motion. At the time of the annual meetings of the societies in June, 1902, at Cleveland, Ohio, the general director was able to report twenty-five provings already carried through and completed in accordance with the plan, and seven more in actual progress.

At this stage of the test proving a question which had been a somewhat vexed one from the beginning received a definite and decisive answer. The idea was held by some of the workers upon the proving (and was doubtless held by many more who had not actually joined the work) that the examination of the provers by one competent man who directs the proving would be sufficient, and would save much time, trouble and expense to all concerned — the provers being referred by the directors to the special examiners for the verification and further testing of special symptoms when they actually arose. To those holding these views a statement of Dr. Colby, made in his report of the results obtained by the provings in Boston, was of especial interest. He wrote: —

"Of the objective symptoms at least one-half would not have been detected had it not been for the routine examinations of the specialist examiners, as they produced no subjective symptoms leading to their recognition by the prover."

In addition to this comment of Dr. Colby's the following statement in the same connection was made by the general director in his report to the Society at Cleveland: —

"In the course of the routine examination of the ears in the Boston provings just reported, there were noted on two successive

dates eighteen symptoms of great practical value, a good proportion of these being objective symptoms of the plainest possible description. Here was an opportunity for a practical test, and with this end in view the records made by the director (Dr. Colby) upon the two dates referred to were carefully examined to ascertain how many of these symptoms had been noted by him. They were found to be absolutely blank as regards the ears upon both dates. No statement whatever of their condition had been made to him, and his questions had elicited none, and a more careful questioner is not engaged anywhere in this work. In other words, but for the plan of routine examinations by the special examiner, which is characterized as unnecessary, every one of these valuable symptoms would have been lost."

After this demonstration the routine work of the special examiners doubtless seemed to them better worth their while than before. It had for some time been felt by the general director that there was one direction in which the working plan for the test proving could be still further strengthened and its scientific character developed, and that was by instituting a series of experiments to determine whether the drug whose action we were testing was capable of producing changes in animal organs and tissues, and, if so, to ascertain and record the exact extent and nature of these changes. He was able to announce at this same meeting in Cleveland, in June, 1902, that he had completed definite arrangements for a series of experiments of this nature, and that if characteristic tissue changes were demonstrated they would be recorded and their publication made possible by means of photo-micrographs. The colleague who consented so kindly to carry out gratuitously this laborious and important work was Dr. S. C. Fuller, the Pathologist of the Westborough Insane Hospital in Massachusetts. The experiments were subsequently conducted in the laboratory of that institution as was planned, and the results will be found recorded in a separate and most interesting and instructive chapter.

During the year which intervened between the Cleveland meeting and that held in Boston, in June, 1903, the work lagged in spite of the persistent effort of the general director to push it forward to completion. Some of the most useful provings were made during that year, and the board in Iowa City carried through a second series with even greater interest than the first, but the work of the year as a whole moved slowly, and no little difficulty was experienced in some instances in obtaining the records of that which had actually been done, some of these records coming to hand only a few days before the annual meeting. Upon examining these it was found that the instruction that all provings upon women should be carried over one menstrual period had, unfortunately, not been heeded. There was a consequent weakness in the record of the effects of the drug upon

menstruation. In every other direction the returns were satisfactory since the defects exhibited in some provings were the strong points in other provings, and when the parts were brought together the result as a whole was well rounded and complete. The report was made, therefore, at the meeting of the O. O. and L. Society in Boston, in 1903, that fifty-one provings had been completed, but that several supplementary provings were still required to give sufficient knowledge of the effect of the drug upon menstruation. The name of the drug was still withheld until the records of its action could be made complete in every particular.

In the same report occurred the following statement: —

"The method which we have introduced has stood the test of fifty provings, and, with a few modifications suggested by experience, has proved itself worthy of adoption as the method of the future. The application of this method, so as to secure results in a reasonable space of time, is the next question to be solved. It has taken our Society, after every preparation was complete, one and one-half years to bring the proving of one drug by fifty provers to its present incomplete stage. It is more than our Society can do to carry this work forward with any reasonable expedition. It is more than any society of specialists can do, or the American Institute itself, without a radical change of plan, not in the method of drug-proving but in the manner of obtaining results by this method."

The personal ideas of the general director in regard to this change of plan, the outcome of his practical experiences in the work thus far completed, were presented to the American Institute of Homœopathy on the following day in a paper entitled "The Future of Drug-Proving in the Light of the Test Proving of the O. O. and L. Society," in which he advocated the formation of an Institute of Drug-Proving, with an endowment fund if possible, and the continuance of the work begun by the Society as institutional work upon lines which were sketched in minute detail. This plan was submitted to a committee of the Institute who were to report upon its feasibility at the next annual meeting of that body and ceases to be a part of the test proving of the O. O. and L. Society except as an offshoot evolved from the practical working out of the original scheme. (See Appendix B.)

In the early part of the year following the Boston meeting, the supplementary provings which were required to supply the information in regard to the effects of the drug upon menstruation were carried out in Boston, and yielded results which were very definite and satisfactory. All material then came into the hands of the general director for editing. The material was contained in over five hundred record books and seemed at first

a veritable embarrassment of riches. Upon closer examination much was found throughout this mass of material which had to be eliminated, however, in consequence of the control tests, or as being indefinite, misleading or redundant, and much summarizing had to be passed upon with judicial mind. In fact, it was found necessary, as the practical work of editing went on, to arrange and recast the original matter to such an extent that it was finally determined to re-write the narrative of every one of the fifty-three provings which were to be published from beginning to end, of course preserving the original diction wherever practicable.

This sort of work necessarily devolves upon one man alone and cannot be entrusted to helpers of any kind. It was done by direct dictation to a very expert typewriter, and was all completed about the first of April, 1904. The magnitude of this portion of the task will be apparent when it is stated that the dictated copy, consisting of narratives, summaries of examinations, etc., before the work of condensation began, filled seven hundred and thirty full typewritten pages. Then began the work of collating and condensing, to bring all this valuable but still unwieldy mass of material into form and compass available for study and for practical use in prescribing. This part of the work had already been going on for three months at the time of the annual meeting of the societies at Niagara Falls in June, 1904.

A report of progress was made by the general director to the O. O. and L. Society at the meeting in 1904, and a paper was presented by him to the American Institute detailing some results which had been obtained, these being culled here and there from the partially condensed material in order to show its quality, the nature of the work of arrangement and condensation which was being done. The point was made in this connection that such work as this, if done in an institution by a director who has every convenience at hand, who can work in the best hours of the day and whose mind is fresh for the task, can be swung off, day by day, with promptness and with satisfaction. As, on the contrary, it has in this instance been done chiefly in the night, at the close of the day's practice, and with a mind fatigued at times to the last degree, it had already required, during the year which had elapsed since the last meeting, every available evening for ten months, to the almost total exclusion of either family or social life, and was still far from complete. More than ever this general director felt convinced that such work as this should, in the future, be done in an Institute of Drug-Proving and not in the office of a busy practitioner of medicine.

The history of the test proving after the annual meeting in June, 1904, until the middle of March, 1905, relates simply to the continuation of the work of arrangement and condensa-

tion of the very extensive material at hand, preparatory to its publication. This was still done under pressure and almost wholly at night, with steadily increasing weariness from the long continued labor, and in addition to a daily practice which was sufficiently fatiguing in itself. The element of anxiety, lest, after all, the book should not be in the hands of the profession in season for the annual meeting in 1905, impelled the director to redoubled efforts and then came Nature's response — delayed but emphatic — in the shape of a nervous breakdown, with complete prostration and the interdiction of all work of every kind for weeks and of all practice for months. Little by little the preparation of the book was carried forward, however, in spite of this and of all obstacles and at last, in June, 1906, all was ready for the printer.

With the completion of this task the work projected by the O. O. and L. Society is accomplished. It is the work of the pioneer. Because by its special needs this Society of specialists has inaugurated a new method of drug-proving which will yield, if pursued, a knowledge of drug effects, subjective and objective, which is indispensable and invaluable in special work. It was not the intention that this Society should continue the work of drug-proving beyond this point. This work can now pass more fittingly to the hands of avowed students of materia medica, who, in fact, have already done a very large share of the practical work which passes to the credit of the O. O. and L. Society in this test proving. The members of this Society will help to their utmost in all that pertains to their special field of knowledge and practice and so undoubtedly will all their colleagues in all other branches of specialized work — but the part of the O. O. and L. Society, as such, in the movement to reprove the whole materia medica ends, so far as was projected, with this completion of the inaugural test.

It remains only to present the personnel of the various proving boards which contributed to the success of this undertaking, carrying through their allotted tasks and laboring without compensation and often with enthusiasm to advance the cause of scientific medicine through a more precise and reliable knowledge of drug action.

Upon the pages immediately following will be found the names of those constituting the several boards.

Chicago

Director. — C. H. Evans, M. D.
Associate Director. — S. H. Aurand, M. D.
Special Examiners: —
Mind and Nervous System: N. B. Delamater, M. D.
Eye: E. J. George, M. D.

Ear: J. H. Buffum, M. D.
Nose and Throat: W. M. Stearns, M. D.
Chest: C. T. Hood, M. D.
Genito-Urinary System: W. S. White, M. D.
Skin: W. S. White, M. D.
Physiologist: A. R. McDonald, M. D.
Bacteriologist: E. J. Davis, M. D.
Analysts, Urine: Clifford Mitchell, M. D.
Blood: R. Sonnenschein, M. D.

New York

Director. — John B. Garrison, M. D.
Associate Directors. — Paul Allen, M. D., Walter Gray Crump, M. D., J. Perry Seward, M. D.
Special Examiners: —
Mind and Nervous System: James T. O'Connor, M. D., John E. Wilson, M. D.
Eye: Arthur B. Norton, M. D.
Ear: Geo. W. McDowell, M. D., Chas. Helfrich, M. D.
Nose and Throat: Irving Townsend, M. D.
Chest: Wm. H. Van den Burg, M. D.
Genito-Urinary System (male): Bukk G. Carleton, M. D.
Genito-Urinary System (female): M. Belle Brown, M. D.
Skin: Henry M. Dearborn, M. D.
Physiologist: J. Wilford Allen, M. D.
Bacteriologist: George Frederick Laidlaw, M. D.
Analyst: George Frederick Laidlaw, M. D.

Rochester

Director. — Edwin H. Wolcott, M. D.
Associate Directors. — H. W. Hoyt, M. D., W. W. Winans, M. D.
Secretary. — W. W. Winans, M. D.
Treasurer. — L. J. Sanders, M. D.
Special Examiners: —
Mind and Nervous System: P. W. Neefus, M. D.
Eye: E. J. Bissell, M. D.
Ear: Thos. Parsons, M. D.
Nose and Throat: H. W. Hoyt, M. D.
Chest: C. R. Sumner, M. D., W. W. Winans, M. D.
Genito-Urinary System (male): N. M. Collins, M. D.
Genito-Urinary System (female): M. S. Ricker, M. D.
Skin: T. D. Spencer, M. D.
Physiologist: L. J. Sanders, M. D.
Bacteriologist: W. A. Keegan, M. D.
Analyst: W. C. Daly, M. D.

Brooklyn

Director. — John L. Moffat, M. D.
Special Examiners: —
Mind: W. M. Butler, M. D.
Nervous System: W. H. Aten, M. D.
Eye: H. D. Schenck, M. D.
Ear: Alton G. Warner, M. D.
Nose and Throat: W. B. Winchell, M. D.
Chest: W. S. Rink, M. D.
Genito-Urinary System (male): N. Robinson, M. D.
Genito-Urinary System (female): Clark Burnham, M. D.
Skin: W. L. Love, M. D.
Physiologist: E. Rodney Fiske, M. D.
Analyst: Herbert C. Allen, M. D.

St. Louis

Director. — P. Brickbauer, M. D.
Special Examiners: —
Mind and Nervous System: Francis E. Brady, M. D.
Eye: Jas. A. Campbell, M. D.
Ear: Jas. A. Campbell, M. D.
Nose and Throat: W. H. Hartwell, M. D.
Chest: Louis E. Bunte, M. D., R. Y. Henry, M. D.
Genito-Urinary System: L. C. McElwee, M. D.
Skin: W. L. Galloway, M. D.
Physiologist: John H. McCaughan, M. D.
Bacteriologist: W. E. Jones, M. D.
Analyst: W. E. Jones, M. D.

Cleveland

Director. — Alvan L. Waltz, M. D.
Special Examiners: —
Mind and Nervous System: J. Richey Horner, M. D.
Eye: W. A. Phillips, M. D.
Ear: W. A. Phillips, M. D.
Nose and Throat: Geo. H. Quay, M. D.
Chest: A. B. Schneider, M. D.
Genito-Urinary System (male): Kent B. Waite, M. D.
Genito-Urinary System (female): Josephine M. Danforth, M. D.
Skin: Geo. W. Spencer, M. D.
Physiologist: C. M. Thurston, M. D.
Bacteriologist: C. M. Thurston, M. D.
Analyst: B. F. Gamber, M. D.

Philadelphia

Director. — Joseph C. Guernsey, M. D.
Associate Directors. — Bushrod W. James, M. D., Charles Mohr, M. D., Oliver S. Haines, M. D.
Special Examiners: —
Mind and Nervous System: John J. Tuller, M. D.
Eye: Chas. H. Thomas, M. D.
Ear: H. I. Jessup, M. D.
Nose and Throat: H. S. Weaver, M. D.
Chest: E. R. Snader, M. D.
Genito-Urinary System (male): Carl V. Vischer, M. D.
Genito-Urinary System (female): Mary Branson, M. D.
Skin: E. M. Gramm, M. D.
Physiologist: W. H. Bigler, M. D.
Bacteriologist: P. Sharpless Hall, M. D.
Analyst: Chas. Platt, M. D.

Baltimore

Director. — Eldridge C. Price, M. D.
Special Examiners: —
Mind and Nervous System: John A. Evans, M. D.
Eye: Chas. L. Rumsey, M. D.
Ear: Chas. L. Rumsey, M. D.
Nose and Throat: Wm. D. Thomas, M. D.
Chest: L. R. Palmer, M. D.
Genito-Urinary System: E. Z. Cole, M. D.
Skin: Jas. L. Hooper, M. D.
Physiologist: R. W. Mifflin, M. D.
Bacteriologist: H. M. Stevenson, M. D.
Analyst: Wm. M. Pannebaker, M. D.

Iowa City

Director. — George Royal, M. D.
Special Examiners: —
Mind and Nervous System: George Royal, M. D.
Eye: F. J. Newberry, M. D., Wm. L. Bywater, M. D.
Ear: F. J. Newberry, M. D., Wm. L. Bywater, M. D.
Nose and Throat: F. J. Newberry, M. D., Wm. L. Bywater, M. D.
Chest: Frederick J. Becker, M. D., B. R. Johnston, M. D.
Genito-Urinary System: Frederick J. Becker, M. D.
Skin: Frederick J. Becker, M. D., B. R. Johnston, M. D.
Physiologist: George Royal, M. D.
Bacteriologist: E. A. Huff, M. D.
Analysts: H. D. Holman, M. D., E. A. Huff, M. D.

BOSTON

Director. — E. P. Colby, M. D.
Associate Directors. — F. B. Percy, M. D., F. P. Batchelder, M. D., T. M. Strong, M. D.
Special Examiners: —
Mind and Nervous System: F. C. Richardson, M. D.
Eye: D. W. Wells, M. D., J. M. Hinson, M. D.
Ear: H. P. Bellows, M. D., F. W. Colburn, M. D.
Nose and Throat: Geo. B. Rice, M. D., E. R. Johnston, M. D.
Chest: Percy G. Browne, M. D.
Genito-Urinary System (male): S. H. Blodgett, M. D.
Genito-Urinary System (female): Sarah S. Windsor, M. D.
Skin: John L. Coffin, M. D.
Physiologist: F. P. Batchelder, M. D.
Bacteriologists: Thos. R. Griffith, M. D., W. H. Watters, M. D.
Analysts: Urine, Marion Coon, M. D.
Blood: F. F. Strong, M. D., W. H. Watters, M. D.

CHAPTER II

THE EXAMINERS' FORMS EMPLOYED IN THE PROVING

THE outline forms which guided the local directors and the special examiners in conducting this test proving were devised by the general director, with the aid and co-operation of his colleagues upon the Boston Proving Board, for the purpose of securing uniformity of method and an equal degree of thoroughness in the examination of all provers, together with an equal attention to detail in the recording of results. They were also intended as an aid in the final classification and condensation of these results in their preparation for publication. Twelve different forms for the use of examiners were issued, printed by the mimeograph process, most of these consisting of several sheets containing outlines for the preliminary examination of provers, for their routine examinations during the progress of the proving, for their final examination and for a summary of results obtained, both objective and subjective. These sheets were eight by ten and one half inches in size. Blank sheets were added to these printed outlines as required, and the whole fastened together into little books or fascicles. For convenience in assorting and arranging these fascicles different colors were used in their covers, so that the books of each department had a uniform color and could be quickly discerned. A complete set of eleven books was furnished for each prover, providing for examinations of the Mind and Nervous System, the Eye, Ear, Nose and Throat, Chest, Genito-Urinary System, and Skin, and for Urinalysis, Blood Examinations, Bacteriological Examinations, and Physiological Tests, the only difference in these sets consisting in the Genito-Urinary paper, which was prepared differently for male and for female provers. With each set was furnished also a smaller blank book of convenient size for the prover's pocket to facilitate the jottings of symptoms from time to time during the day, as they were observed. Each set also included a director's record in due form. Each local director also received in addition a book of general directions for the conduct of the provings under his supervision. The complete set issued for each prover consisted of one hundred and eight printed pages, besides the blank sheets interleaved. Selections from these forms are presented to show their general scope and character.

In the examination of these forms it must be kept in mind that they were not considered perfect or even as likely to be ever used again precisely as they now stand without undergoing revision and some abridgment. They may, indeed, be considered as being themselves subjected to a test — that of actual service. The best arrangement of such forms for future use is a problem which must be worked out upon practical lines. This was a first attempt towards a practical solution. With this end in view, there was a considerable variation in the different outlines issued, which was a matter of intention, in order that the most successful forms might be demonstrated by the results obtained and the problem be facilitated for the future by the test of actual experience. In this connection will be noted, for instance, the extreme condensation of the Eye paper, as to allotted space, as contrasted with the expansion of the Nose and Throat outlines; or the multiplicity of detail in the forms for the female Genito-Urinary System as contrasted with the more general scope of those for examining the Chest. In general it may be remarked, however, that in the preparation of these first forms it was deemed wise to err on the side of expansion in detail, since it will surely be easier in future to trim off redundancies, which have been demonstrated to be such, than to add details to a scheme which proved inadequate. With this explanation an examination of selected pages from the forms employed is invited.

GENERAL DIRECTIONS

(To the Local Directors)

I. Distribute among the special examiners the record-books provided for their use, one book for each prover, and request them to keep as closely as possible to the forms and divisions there arranged in order that uniformity may be preserved and a ready comparison of results made possible.

II. See that each prover is provided with a suitable blank book in which he is to make daily entries of any and all symptoms which may come to his notice during the proving. It is desirable that this book be of such size that it may always be carried in the pocket so that entries may be conveniently made at any time.

III. Arrange for the prover to call upon you every day during the proving and present his book for your inspection. Question him in regard to the symptoms which he has noted, in the same manner that you would a patient who calls to consult you in regard to his ailments, in order that you may determine more justly their true character, value, and relations. If possible elicit still other symptoms by your questioning.

IV. Make a daily entry of the symptoms in the record-book provided for your own use at the time of the prover's visit, just as you would do in an office case-book, noting the conditions under which the various symptoms appeared, and paying especial regard to their sequence and modalities. At the beginning of each day's record enter the state of the weather as to temperature, humidity, and wind.

V. Arrange with the various special examiners, with reference to their office hours, so that the prover may be sent to them at convenient times, every day if need be, for the verification of particular symptoms and the finer testing of special conditions which may have arisen in different organs. When sending the prover to a special examiner, provide him with a slip of paper on which is noted in exact wording the symptoms reported by him which are to be investigated. When this is done, the results should be incorporated by the special examiner in his record in addition to his own routine examination and tests.

VI. Instruct the prover to make no change in his ordinary daily habits which can possibly be avoided during the continuance of the proving. The sleep, exercise, bathing, eating, and drinking should be regulated with strict reference to his usual custom. Impress upon him strongly that any sort of *excess* is to be scrupulously avoided. If addicted to tobacco, or to the use of beer, or to any form of alcoholic stimulants, do not allow the *average* quantity to which he is habituated to be exceeded upon any day. The same rule applies to tea and coffee when their use has been the habit of years; but the use of these, as well as that of tobacco and alcoholic stimulants, should be discontinued during the proving in all cases in which this can be done without producing any appreciable ill effect upon the prover or any functional disturbance from lack of accustomed stimulation. Habitual users of any kind of stimulant to excess should be considered ineligible as provers. The use of all drugs and medicaments, especially of camphor, is to be prohibited during the proving, and also the use of all table condiments, and of spiced and highly seasoned food. Should there be loss of sleep, indigestion, or any unusual anxiety or fatigue during the proving, it is to be carefully recorded on the day of its occurrence.

VII. Administer to the prover at the beginning of the proving some inert solutions which shall so resemble the tincture or dilutions to be employed later in dose, taste and color, that he will be unable to discriminate between the blank and the medicine.[1] Directions covering this point will be furnished at the time the tincture is supplied. It is most desir-

[1] For the dilutions, alcohol, and for the tincture in this instance, addition of a solution of caramel and a small proportion of chlorophyl to secure the proper color.

able that the prover shall believe himself to be taking medicine from the first. The special examiners shall be kept in ignorance of the times when a transition is made from blank to medicine or vice-versa; all examinations should be made with equal care and accuracy, therefore, from the first to the last. The name or nature of the medicine administered shall be known only to yourself, but the special examiners may receive hints from you, if you deem it wise to give them, in regard to particular organs or functions which need to be watched with especial care.

VIII. When medicine is administered, the strength and the quantity of the dose shall be determined by you *day by day* in accordance with the constitution and the susceptibility of the prover to medicinal action, upon the one hand, and the character or severity of the symptoms actually obtained, upon the other — just as you would regulate the dose of a patient for whom you are daily prescribing. Should the prover be an habitual coffee drinker, both the time and the strength of the dose will have to be specially regulated. If the drug action becomes too energetic, discontinue the doses altogether for a few days. Do not try to follow any rule of uniformity between provers in respect to dose, but rely wholly upon your own judgment as regards each individual case. All particulars in regard to the dose should, however, be most carefully entered in the record of each prover.

IX. The general allotment of time to blanks, medication, and subsequent observation will be touched upon in more private instructions when the tincture is forwarded, but the average duration of an ordinary proving will be three weeks, or, in the case of women provers, until one menstrual period has been passed. Should any particular prover report symptoms of especial value, the proving may be prolonged and observation extended for any length of time which your judgment may determine.

X. At the conclusion of the provings send to me your record-books, which will present, in the form of a diary, the progress and all the details of each proving — with all particulars as to dose and the dates when the prover was referred to any special examiner, with the exact wording of the symptom or symptoms which such examiner was to investigate and report upon in his special record.

Collect and return to me also all the record-books of the special examiners. All these books will be indexed for reference and preserved in such manner that the minutest particulars of the proving will always be accessible for study or verification. Finally, prepare a summary of each proving as a whole, which will incorporate the observations of the special examiners as well as your own, and present this in a *narrative*

rather than in a schematic form so that the sequence, continuity and characteristic grouping of the symptoms may not be lost. This will, perhaps, be the most difficult portion of your task and will call for the exercise of much discernment and judicial ability; but the importance of this particular part of the work outweighs every other and will, doubtless, enlist your heartiest effort. A final summary will be prepared from these general summaries of the individual provings, and will thus present the results of all the provings as a whole. For a final summary in the schematic form, ample material is provided in the summaries appended to the reports of the special examiners.

DIRECTOR'S RECORD

Preliminary Examination

Name of Director City Date

Name of Prover in full Occupation

Age Nationality Sex Married or single

Children Height Weight Color of skin

Eyes Hair Temperament

Constitution What hereditary predisposition to disease?

What previous sicknesses or accidents?

Subject to neuralgia? If so in what localities?

Subject to rheumatism? If so of arthritic or muscular type?

Subject to catarrhal affections? Colds, sore-throat, cough, etc.?

Subject to headache? If so what type?

Subject to insomnia? If so what type?

Subject to disturbances of circulation? Palpitation, rush of blood to the head, flushes, etc.?

Subject to disturbances of digestion?

Subject to disturbances of the intestinal tract?

Subject to disturbances of the kidneys or bladder?

Subject to disturbances of menstruation?

Subject to disturbances of the skin?

Present state of health?

Habits as to tobacco, beer and other alcoholic stimulants, tea and coffee?

Is the use of these discontinued during the proving?

To be filled in by the Director, on the plan of a student's lecture hours at college, showing the name of the special examiner and his examining hours in each allotted space — and handed to the prover

to be carried in his pocket as a memorandum. Special appointments may afterwards be filled in by the prover himself. A duplicate copy is kept by the director.

SCHEDULE OF PROVER'S ENGAGEMENTS

FOR ROUTINE EXAMINATIONS

EXAMINATIONS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DIRECTOR'S (Daily)						
MIND AND NERVOUS SYSTEM (Three times a week)						
EYE (Three times a week)						
EAR (Three times a week)						
NOSE AND THROAT (Three times a week)						
CHEST (Preliminary and once a week)						
GEN.-URIN. SYS. Male. (Preliminary and once a week) Female. (Preliminary and twice a week)						
URINARY (three times first week, then twice a week)						
SKIN (Preliminary and once a week)						
PHYSIOLOGICAL (Preliminary and once a week)						
BLOOD (Preliminary and end of each week)						
BACTERIOLOGICAL (Preliminary two weeks later and final-material sent)						

[N. B. In this and all succeeding forms the printed page has caused a contraction of the spaces for written entries, which did not exist in the originals. ED.]

MIND AND NERVOUS SYSTEM

Preliminary Examination

Date City Name of Prover

Name of Examiner Age and Temperament

MENTAL CHARACTERISTICS

What hereditary predisposition to mental disturbance exists?

Does any especial tendency to mental disturbance exist at present?

Is the natural disposition even and unimaginative?

Is it quiet and reserved?

Is it cheerful and hopeful, or depressed?

Are the emotions easily excited?

Are they under good control?

Is the pulse accelerated by the examination?

Has the prover had previous experience in drug-proving?

Remarks:

NERVOUS SYSTEM

Hereditary predisposition to nervous affections

Previous diseases or accidents involving the nervous system

Present health, especially as regards the nervous system

Dietetic habits (tobacco, alcohol or other stimulants, spare or full diet, etc.) as affecting the nervous system

Facial or cranial asymmetry or abnormality

Pain or paresthesia

Vertigo

Sleep

Reflexes at knee elbow wrist jaw

Plantar reflex Plantar arch, broken down or sound?

Station

Visual field (oculist)

Are electrical reactions in any way abnormal?

Sense of touch of pain (points) of temperature

Muscular sense and co-ordination

Routine Examinations

These should be made three times a week during the continuance of the proving, or oftener if acute symptoms appear, and the results carefully recorded on these pages if there is any change from the conditions observed in the preliminary examination. In making the tests the leading questions of the preliminary examination should be answered in regular order as required and the dates of the examinations should be entered in all instances. Also investigate and carefully record under the proper dates all *subjective symptoms* which may have been developed from day to day, especially those which have been reported by the prover to the director of the proving.

Final Examination

MIND

Has the prover's natural disposition been altered in any way during the course of the proving?

Have the intellectual faculties been quickened or dulled?

Has the mind been unduly active at night, and if so, how manifested?

Has the mental state shown exaltation or depression?

Have the emotions been more or less easily excited?

Have they been more or less easily controlled?

NERVOUS SYSTEM

Pain or paresthesia

Vertigo

Sleep

Reflexes at knee elbow wrist jaw

Plantar reflex

Station

Visual field (oculist)

Comparative electrical reactions

Sense of touch of pain (points) of temperature

Muscular sense and co-ordination

SUMMARY

State in detail all symptoms, subjective or objective, which have been observed in the mental sphere or nervous system during the course of the proving which are likely to have been caused by the action of the drug, preserving carefully the sequence in the time of their appearance and any facts in regard to their relationship or grouping which may have been noted.

EYES

Preliminary Examination

Date City

Name of Prover Name of Examiner

Age and Temperament

Hereditary predisposition to eye disease

Previous eye disease

Present condition: — R.

Lids: External appearance of margins L.

Lids: Active or sluggish R. L.

Lachrymal glands R. L.

Lachrymal canals R. L.

Conjunctiva: Ocular R. L.

Conjunctiva: Palpebral R. L.

Cornea R. L.

Pupil
- Size, facing north light, noon, clear day — R. / L.
- Shape — R. / L.
- Consensual action — R. / L.
- Action to light — R. / L.
- To accommodation — R. / L.

Anterior chamber, depth — R. / L.

Tension — R. / L.

Vision without glasses — R. / L.

Near point for diamond type — R. / L.

Amplitude for same — R. / L.

Fundus — R. / L.

Changes in lens and vitreous — R. / L.

Refraction. (Make tests on three successive days, as near noon as possible, without using a cycloplegic.)

Refraction — R. / L.

Securing vision — R. / L.

Muscle balance. (By two tests at least) Distance / Near

Power of convergence — R. / L.

Are glasses worn and do they correct present defects ?

Subjective eye symptoms and idiosyncrasies

Color tests

Headache or other reflexes referable to eye strain

Routine Examination during Proving

To be made three times a week during its continuance, or daily if disturbance of function is noted.

Date of Test						
Day of Proving						
Lids — External appearance of margin	R.					
	L.					
Lids — Action	R.					
	L.					
Lachrymal secretion	Increased					
	Diminished					
Conjunctiva congested? — Bulbar	R.					
	L.					
Conjunctiva congested? — Palpebral	R.					
	L.					
Ciliary region congested?	R.					
	L.					
Pupil — Size	R.					
	L.					
Pupil — Shape	R.					
	L.					
Pupil — Action — To light	R.					
	L.					
Pupil — Action — To accommodation	R.					
	L.					
Pupil — Consensual	R.					
	L.					
Tension	R.					
	L.					
Fundus	R.					
	L.					
Refraction (Tonicity of ciliary as shown by lenses selected) — Increased	R.					
	L.					
Decreased	R.					
	L.					
Visual acuity with correcting glasses — Increased	R.					
	L.					
Decreased	R.					
	L.					
Muscle balance — Distance						
Muscle balance — Near						
Power of convergence						

Investigate and record under proper date (on blank pages provided) all subjective and objective symptoms developed from day to day, including conditions of fundus for which space above is insufficient.

SUMMARY

Effect upon: —

Lids { External appearance of margins / Nerve action

Lachrymal secretion

Pupil

Tension

Circulation { Conjunctival / Retinal

Optic disc

Media

Visual acuity

Ciliary muscle

Muscle balance

Reflexes, if such are present

Color tests

EARS

Preliminary Examination

Date City

Name of Prover Name of Examiner

Age and temperament

Hereditary predisposition to aural disease

Previous aural disease or injury

Aural disease, functional disturbance or idiosyncrasy at present

Condition of external canals R. / L.

Condition of tympanic membranes R. / L.

Condition of tympanic cavities if old perforation exists R. / L.

Condition of Eustachian tubes (Note 1) R. / L.

Condition of naso-pharynx R. / L.

R.

Hearing distance for watch
(State distance at which normally heard.)
L.

R.

Hearing distance for voice
(Loudest, medium, or lowest whisper?)
L.

R.

Measure of bone conduction.
(Note 2) L.

Fork C (128) or C^1 (256) on vertex heard best on which side?

R.

Air or bone conduction best?
(Note 3) L.

R.

Can lower C (64) be heard?
(Note 4) L.

R.

What is the lowest approximate vibration of the Dench fork (26 to 64) which can be heard?
L.

R.

Can C^4 (2048) or $F\sharp^4$ (2860) be heard?
L.

R.

Can all intermediate forks of the Hartmann series be heard?
(C. 128, C^1 256, C^2 512, C^3 1024) L.
(Note 5)

R.

What is the reading of Galton's whistle?
(Note 6) L.

NOTES

1. If the Ett. are abnormal, investigate their condition and answer this question *after* the rest of the examination is *concluded*.
2. Having determined the number of seconds during which the tuning fork (C^1 256) can still be heard by air conduction in front of your own ear after it has ceased to be heard by bone conduction over the mastoid of a *normal* ear, use this number as the denominator of the fraction to denote the measure of bone conduction in each case. The numerator of the fraction is the number of seconds during which the fork can be heard by you in front of your own ear after leaving the patient's mastoid in the particular case under examination. Use always the same ear, either your right or your left, in making this test. A stop watch is a great convenience.
3. Determine this in the usual way by the experiment of Rinne.

4. This fork is our readiest way of testing the lower tone limit; the Dench fork, however, is more definite.
5. If you have not these forks ask your patient whether all tones of the piano scale are heard equally well.
6. This is important in determining the upper limit of tone perception. It is unfortunate that we cannot test the lower tone limit with equal precision, but the Dench fork is the best means at our command. This proving is for the future as well as for the present and I believe that a knowledge of the state of bone conduction and of the tone limits will be much more practically useful in the future than now.

ROUTINE FUNCTIONAL TESTS DURING PROVING

A. To be made three times a week during its continuance or daily, if possible, if disturbance of function is noted.
B. To be made once a week, or at each examination if the watch test shows any marked variation in the hearing distance.

Date of test Day of proving										
A										
H. D. R. watch										
H. D. L. watch										
Can lower C (64) be heard?										
Approximate reading, Dench fork?										
Can C^4 or $F\sharp^4$ be heard?										
Reading for Galton's whistle										
B										
H. D. loud whisper R.										
H. D. loud whisper L.										
or										
H. D. medium whisper R.										
H. D. medium whisper L.										
or										
H. D. low whisper R.										
H. D. low whisper L.										
Bone conduction R.										
Bone conduction L.										
Air or bone conduction best? R.										
Air or bone conduction best? L.										

Investigate and carefully record under the proper date (on the blank pages provided) all subjective and objective symptoms which may be developed from day to day, especially those which have been reported by the prover to the director of proving.

SUMMARY

Effect upon : —

External canals

Tympanic membranes

Tympanic cavities if exposed to view

Eustachian tubes

Naso-pharynx

Hearing power for mechanical sounds (watch)

Hearing power for vocal sounds

Perception of musical tones of varied pitch

Lower limit of tone perception

Upper limit of tone perception

NOSE AND THROAT

PRELIMINARY EXAMINATION

Date City

Name of Prover Name of Examiner

Age Temperament Occupation

Hereditary predisposition to Nose or Throat disease

Previous Nose or Throat disease

Do the prover's habits of diet and clothing, or does the environment in any way, tend to cause increased susceptibility to Nose or Throat disease?

Nose or Throat disease, functional disturbance, or idiosyncrasy at present?

Condition of the mucous membrane of the nose

Is it dry? Catarrhal?

Excoriation

Ulceration

Is there obstruction to nasal respiration?

Which nasal passage is the most free?

Is there alternate stenosis?

Condition of the inferior turbinated bodies

Condition of the middle turbinated bodies

Are abnormal contact points present through septal irregularities?

From other causes

Does the erectile tissue contract readily from application of cold probe, cocaine, or adrenalin ?

Does probe contact excite abnormal irritation ?
Cause sneezing ? Itching ?

Are abnormal growths or hypertrophies present ?

Is there infiltration of the vomer posteriorly ?

Is there any evidence of disease of the accessory sinuses past or present ?

Does the patient breathe through the nose at all times ?

Condition of the naso-pharynx

Dryness or over secretion

Can the pharyngeal tonsil be seen ?

Is the pharyngeal tonsil hypertrophied ?

If hypertrophied, does the growth interfere with nasal respiration ?

Does it interfere with middle ear air interchange ?

Are the Eustachian prominences reddened ?

Condition of the oro-pharynx

Condition of the faucial pillars

Condition of the soft palate

Are the faucial tonsils visible ?

If so, what is their condition ?

Is there any evidence of previous inflammation ?

Is there pain on swallowing, without visible cause ?

Condition of the glosso-epiglottic fossa

Condition of the epiglottis

Condition of the aryteno-epiglottic fold

Condition of the ventricular bands

Condition of the vocal bands

Condition of the visible portion of the trachea

Do the muscles concerned in the movements of the vocal bands act properly ?

Adduction perfect

Abduction perfect

Tension

Is the voice husky ? Thick ? Nasal ?

Weak ? Abnormal in any way ?

Has the prover a cough ?

If so, character of cough

Aggravations

Ameliorations

Desire to clear the throat

If there is increased catarrhal secretion from the mucous surfaces of the nose or throat, what are the general characteristics of this discharge ?

Color	Density	Muco-purulent
Serous	Acrid	Bland

Is there any condition present which would lead you to suspect Tuberculosis ?

Syphilis ?

Malignant tissue changes ?

Are the lymphatic glands about the neck enlarged ?

Is there previous history of such enlargements ?

General remarks : —

CHEST

Preliminary Examination

Date City

Name of Prover Name of Examiner

Age and Temperament

Hereditary Predisposition to disease of the chest

Previous Disease of the chest : —

1. Functional
2. With true pathological lesions

Present Symptoms of disturbances in chest

Physical Signs of present condition of chest : —

1. General shape and conformation
2. Expansion, (a) Inspiration (b) Expiration

Special Examination

A. Heart (Note 1)

Action. — 1. Force
2. Frequency
3. Regularity

Sounds. — First 1. Length
2. Character
3. Regularity in rhythm and strength

Second 1. Strength, increased or decreased ?
2. Regularity
3. Reduplicated or not

Adventitious 1. Murmurs, (a.) Organic
(b.) Functional
2. Peculiar changes in sounds

Pulse. — 1. Rate
2. Strength
3. Tension
4. Regularity in strength and action

B. Lungs (Note 2)

(State whether within normal limits of size and position)

Respiratory Sounds. — 1. Inspiration
2. Expiration

Respirations, number per minute

Note 1. Listen to the heart sounds carefully and determine, if possible, the condition of the valves, and particularly of the myocardium. Notice whether any functional murmurs are present. Make due allowance for increased frequency in the rate caused by the examination and the mental state of the prover.

Note 2. Be careful to examine the chest behind and in the axillary region in order to ascertain whether there are any limitations to the excursions of the lungs due to adhesions or effusions. After the examination is concluded go over the chest carefully once more, in a general way, to gain an idea of the vital action of the lungs in depth of inspiration or unevenness of action.

Routine Functional Examination

To be made once a week during the continuance of the proving, or oftener if disturbance of function is noted.

Date					
Heart					
Action, 1. Force					
2. Regularity					
3. Frequency					
1st. Sound. 1. Length					
2. Character					
3. Regularity					
2nd. Sound. 1. Strength					
2. Regularity					
3. Reduplicated (?)					
Murmurs (a) Organic					
(b) Functional					
Pulse, 1. Rate					
2. Strength					
3. Tension					
4. Regularity					
Lungs					
Inspiratory Sounds					
Expiratory Sounds					
Respirations per minute					

Note subjective symptoms upon the sheet following.

Summary of Symptoms

A. *Objective* B. *Subjective*

Heart. — Action, strength and competence

Lungs. — Action and condition

Pulse. — Frequency, strength, tension and regularity
(Examine the sphygmographic tracings, if these have been made by the physiologist, and incorporate the knowledge thus gained.)

Remarks. — General or special, upon the following sheet.

GENITO-URINARY SYSTEM

Preliminary Examination

MALE

Date City

Name of Prover Name of Examiner

Age and Temperament Weight

Hereditary Predisposition to diseases of the genito-urinary tract

Previous Diseases of this tract and idiosyncrasies

Physical Examination

Palpation of kidneys

Palpation of bladder region
(If there is no reason to suspect any irritation of the bladder a cystoscopic examination will not be necessary.)

MALE PROVERS

Urethra. Carefully pass a sound, warmed, F 20, if there is reason to suspect narrowing or stricture; if possible to avoid, do not pass it into the bladder.

Prostate. (Examination by rectum if deemed advisable.)

Scrotum

Spermatic Cord

Testicles
Relative size —
right
Epididymis
left
right
Hydrocele
left
right
Varicocele
left

Inguinal Glands

Subsequent Examinations

To be made as often and as fully as may be necessary in the opinion of the Examiner.

Palpation of Kidney			
Palpation of Bladder			
Prostate			
Scrotum			
Testicles			
Epididymis right			
Epididymis left			
Hydrocele right			
Hydrocele left			
Varicocele right			
Varicocele left			
Inguinal Glands			
Subjective Symptoms and Sexual Concomitants			

Summary of Symptoms

A. *Objective.* B. *Subjective*

KIDNEYS.	
BLADDER.	
URETHRA.	
PROSTATE.	
SCROTUM.	
SPERMATIC CORD.	
TESTICLES.	
INGUINAL GLANDS.	

Remarks: — General or special upon the following sheet.
(Corresponding summary was used with Female Genito-urinary System.)

FEMALE SEXUAL ORGANS

Examinations to be made twice a week during the continuance of the proving, or oftener if disturbance of function is noted.

Name of Prover

Age and temperament City

Married or single Name of Examiner

OVARIES

Family history relating to ovarian disease

Prover's history relating to ovarian disease

	Prelim. Exam. Date	Date	Date	Date	Date	Date
(1) Condition of right ovary						
(2) Subjective symptoms, right (a) before (b) during (c) after menstruation						
(3) Condition of left ovary						
(4) Subjective symptoms, left (a) before (b) during (c) after menstruation						
(5) Concomitant symptoms						

UTERUS

Family predisposition to uterine disorders

Prover's history in regard to uterine disorders

	Preliminary Date	Date	Date	Date	Date	Date
(6) Examination of uterus [1] (a) position (b) size (c) depth (by sound if advisable) (d) consistency (e) temperature (clin. ther.) (f) cervical appearance (1) size color (g) discharge [2] (1) reaction (2) Bact. Exam. (3) Micro. Exam. (h) Os (1) appearance (2) size						
(7) Symptoms Objective and Subjective (a) before (b) during (c) after menstruation						

[1] All reasonable means shall be used for examination, but care taken to do no injury to prover.

[2] Examination of discharge shall be made at preliminary examination, two weeks later, and at final examination in all cases, and at such other times as may be deemed necessary by condition of prover. (See Bacteriological Examinations.)

VAGINA

	Preliminary Date	Date	Date	Date	Date	Date
(8) Exam. noting (a) condition of vag. walls (b) color (c) temperature (clin. ther.) (d) discharge 1. reaction 2. bacteriol. 3. microscop.						
(9) Condition as affected by menstruation						

EXTERNAL GENITALS

(10) Condition and appearance of the meatus urinarius						
(11) Condition and appearance of mucous membrane						
(12) Note temperature moisture glands						
(13) Effect of menstruation						

MENSTRUATION

	Prelim. Exam.	Date	Date	Date
(14) Family tendency in regard to menstruation				
(15) Prover's history (a) first menses (b) regularity (c) quantity (d) character (odor) (color) (reaction)				
(16) Concomitant symptoms in sexual sphere (a) before (b) during (c) after menstruation				
(17) Gen. concomitants in (a) mind (b) head (c) back (d) breasts (e) stomach (f) intestines (g) anus (h) bladder (i) urine (j) spine (k) thighs (l) perspiration (m) nervous syst. (1) before (2) during (3) after				
(18) Modalities				

LEUCORRHEA

(19) Source Refer to special examination under cerv. and vag. discharge					
(20) Amount					
(21) Character (a) odor (b) consistency (c) color					
(22) Concomitant symptoms					
(23) Modalities					
(24) Note Special sexual sensations (a) before (b) during (c) after (d) intervals between menstruation					

URINARY EXAMINATION

During the first week the examination is to be made every alternate day, and twice a week during the rest of the proving, provided that if albumin or sugar appears, or if the amount of twenty-four hours' urine, the amount of urea, or if the ratio between the urea and the phosphates varies decidedly from the average of the first three examinations made, or if the sediment shows an abnormal amount of epithelium, the examination is to be made daily.

The sample to be examined should be from the whole twenty-four hours' amount, but if albumin or sugar appears it will be necessary to show, by examination of the various passages of urine, at what time or times of the twenty-four hours the abnormality occurred.

Epithelial cells appearing in the urine are to be described concerning size, shape, etc., instead of saying "bladder cells, etc."

The following tests are strongly recommended in the line of uniformity, but if for any reason any other test should be substituted, the test so substituted must be indicated by the examiner.

ALBUMIN. Use two tests. 1. Heat followed by acetic acid.
2. A test involving use of the albumoscope.

PHOSPHATES. Uranium Nitrate test.
SULPHATES and CHLORIDES. Centrifugal method of Purdy.
UREA. Hypobromite method.
URIC ACID. Heintz's method by freezing the urine.
SUGAR. Use two tests. 1. Baines' test. 2. Bismuth.
SEDIMENT. Bulk percentage (centrifuge 1000 a minute for three minutes.)

Name of Prover	Name of Examiner				
8 a. m. to 8 a. m., 190 SPECIFIC GRAVITY ODOR COLOR					
Number of ounces from 8 a. m. to 8 p. m. Number of urinations Number of ounces from 8 p. m. to 8 a. m. Number of urinations Reaction when reached					
TOTAL AMOUNTS SOLIDS (coefficient of Haiser, 2.3) PHOSPHATES (1) earthy (2) alkaline SULPHATES CHLORIDES UREA (Per cent. of urea) URID ACID (Per cent. of uric acid)					
INDICAN, Specify test BILIRUBIN " " ALBUMIN ALBUMIN SUGAR SUGAR					
RATIOS Total solids to salts Urea to phosphates Urea to uric acid					
Bulk percent. Cross appearance [1] Microscopic [1]					
REACTION Standing in open vessel 12 hours, 24 hours, 48 hours					

[1] For answer use blank sheets appended.

SUMMARY OF URINALYSES

Final remarks as to whether any changes have occurred in the urine during the continuance of the proving which can reasonably be attributed to the action of the drug which has been taken by the prover, carefully summarizing such changes, if any have been noted in —

QUANTITY

SPECIFIC GRAVITY

ODOR

COLOR

REACTION

SOLIDS — TOTAL AMOUNT

PHOSPHATES
1. Earthy
2. Alkaline

SULPHATES

CHLORIDES

UREA
(Per cent. of urea)

URIC ACID
(Per cent. of uric acid)

INDICAN

BILIRUBIN

ALBUMIN

SUGAR

RATIO of total solids to salts

RATIO of urea to phosphates of urea to uric acid

SEDIMENT. Bulk percentage
Cross appearance
Microscopic appearance

REMARKS: — General and special

BLOOD EXAMINATIONS

Examination of the Blood

This examination should be made at the beginning of the proving and repeated at the end of each week of its continuance unless otherwise desired by the local Director.

Date

No. of Examination — City

Name of Prover — Name of Examiner

No. of hours since last meal

Appearance of conjunctival and buccal mucosa

Method of taking the blood

Color of the blood — Rapidity of flow

Consistence — Coagulation

Percent. hemoglobin

No. of red discs per cu. m.m. — Ratio of reds to leucocytes

Red discs. (As to appearance, uniformity of size, rouleaux formation, poikilocytosis, etc.)

Leucocytes

(a) Lymphocytes

(b) Neutrophil cells

(c) Eosinophil cells

(d) "Mast" cells

(e) Pathological forms. (Myelocytes, "Markzellen," etc.)

Blood platelets (or plaques)

Remarks: (As to whether the blood is about the normal average of health; changes due to diet, etc.)

PHYSIOLOGICAL TESTS

Preliminary Physiological Examination

Date — City

Name of Prover — Name of Examiner

Age and Temperament — Laboratory

I. Observe and record

(a) Degree of general muscular development

(b) Prover's habits as to

(1) Kind and amount of sleep

(2) Occupation

(3) General state of nutrition

(c) Determine the time required for complete muscular fatigue
(Note 1)

II. Pulse

(a) Count and record radial pulse rate during four successive quarter-minutes in each of the following conditions: —

(1) Prover standing

(2) " sitting

(3) " lying

(4) " slowly sipping a glass of water (Note 2)

(b) Is radial pulse alike in each wrist, both as to force and frequency? Note any difference

(c) Make a sphygmographic tracing of radial pulse (prover sitting), (Note 3)

III. Respiration

(a) Count and record rate of respiration during two successive one-minute periods

(b) Compute the ratio of respiration rate to pulse rate

(c) Make stethographic tracing. (Note 4.) (See also Note 3)

IV. Taste. (Note 5)

(a) Note and record general appearance of the tongue

(b) Test tip of tongue for "sweet" with solutions one to six of glycerine. (Note 6)

(c) Test back of tongue for "sour" with solutions one to six of lemon juice. (Note 7)

(d) Test back of tongue for "bitter" with decoction of the white, inner rind of the grape fruit

V. Smell. (Note 5)

(a) Ascertain previous nasal condition as to any catarrhal state and its affect on the acuteness of smell

(b) Place about one cubic inch (16 cubic centimetres) of raw beef on a glass surface and with this test the accuracy of "smell"

(c) As a "control" substitute raw bacon for the beef and compare results

(d) Test the acuteness of "smell" by means of the solutions specified in Note 8

NOTES

1. This test for muscle fatigue may best be determined by testing the r. Abductor indicis with the simple Ergograph, known as "The Harvard," for sale by the Lord Electrical Company, 81 Milk Street, Boston. Price, with clamp, $1.65. For obtaining the graphic record, use preferably the Harvard Kymograph, for sale by the same firm. Price about $12.00. The muscle should be made to contract at a fixed rate timed by the metronome. "Contraction" should last half a second, and "rest" half a second. Since this test deals with "time" note carefully *exact time* when the test began and when fatigue became absolute.
2. The count is to be made for four successive quarter-minutes in each of the four tests or conditions specified.
3. Use either a Dudgeon or Marey sphygmograph. Mark each tracing with *name of prover, date, place,* and *name of observer,* and preserve to present with report.
4. Use a simple stethograph, composed of an ordinary atomizer bulb about 2 by 3½ inches in diameter, and connected to recording tambour with firm rubber tubing. Since liquid transmission gives better result than air transmission, fill the bulb and tube with water before connecting with tambour.
5. All tests for taste and smell should be conducted with the prover's eyes closed or bandaged. Preferably a glass rod should be used in applying either solution to the tongue. Rinse the mouth with water at 70 F. after each test.
6. The test solutions for "sweet" are to be prepared by adding respectively 5, 10, 20, 40, 60 and 80 minims of glycerine (Price's, if possible) to one ounce of pure water, and they are to be numbered 1 to 6 in the same order, from weaker to stronger. A clean ¼ in. glass rod should be used to convey the solution to the tongue by dipping it into the liquid sufficiently to collect and retain one drop. Cleanse and wipe the rod each time before inserting it into the next solution. Apply these tests in an ascending series until the sweet taste is first perceived and record the number of the solution which produces this effect. (See Article by N. Norwood West, *Journal of Mental Science,* London, October, 1901, pp. 737–38.)
7. The test solutions for "sour" are to be prepared by adding the strained juice of a peeled, fresh lemon to water in the same proportions as the glycerine in Note 6. Number and use the solutions as there directed.
8. The solutions for testing the acuteness of smell are to be prepared by mixing one part of oil of cloves with 200, 100, 80, 60, 40 and 20 parts, respectively, of oleum petrolatum purum, and they are to be numbered 1 to 6 as above. These solutions should be kept in well-corked vials of uniform size. It is especially important that the mouths of these vials be of equal diameter and the upper surface of the solution at a uniform distance below the mouth. The size recommended is the ordinary 4-dram vial (22 × 65 mm.) with mouth 14 mm. in diameter and the upper surface of the liquid 3 cm. (1–1¼ inches) below the mouth. Let the prover test these solutions, in ascending series, by sniffing, and record the number of that in which the odor is first perceived. (Since cloves have not been deemed sufficiently medicinal by any of our predecessors to be included in our voluminous materia medica, the above test solutions would seem to be as free from objection as any which can be devised for the purpose.)

ROUTINE TESTS

To be made once a week during the continuance of the proving, or oftener, if the director deems necessary, or if disturbance of any of the functions enumerated is noted.

Date and day of proving			
Kind and amount of sleep General state of nutrition Time for muscular fatigue			
Pulse rate for four successive quarter-minutes 1. Prover standing 2. " sitting 3. " lying 4. " slowly sipping water (Make sphygmographic tracing)			
Rate of respiration for two successive minutes Ratio of respiration to pulse rate (Make stethographic tracing)			
General appearance of the tongue Taste for "sweet" Taste for "sour" Taste for "bitter"			
Nasal state as to catarrh Sense of smell for beef Sense of smell for bacon Acuteness of smell for specified test solutions.			

SUMMARY

What deviation has there been in

Development of muscular fatigue?

Force, frequency, or rhythm of pulse? (Present tracings)

Rate, rhythm, or character of respiration? (Present tracings)

Taste for sweet, sour and bitter solutions?

Sense of smell?

General or special remarks:

BACTERIOLOGICAL EXAMINATIONS

Uterine Discharges	Reaction Microscopical examination Bacteriological examination
Vaginal Discharges	Reaction Microscopical examination Bacteriological examination

INSTRUCTIONS

Examinations of the above discharges shall be made at the time of the preliminary examination, two weeks later and at the final examination in all cases, and at such other times as may be deemed necessary from the condition of the prover.

The reaction shall be determined by litmus paper, by the examiner, at the time of the examination, and the result sent with the specimen to the bacteriologist.

Cultures from the vagina shall be made from material obtained at or near the cervix uteri prior to digital examination, the vaginal walls being separated by a sterile speculum. Care must be taken to prevent any contamination from the lower part of the vagina. The material may be removed on sterile cotton which shall be rubbed gently over the surface of the culture medium and then removed from the tube containing the medium.

Cultures from the uterus shall be made from the fundus, if practicable; if made from the cervical canal a special note of the fact shall be sent to the bacteriologist.

The bacteriologist shall provide culture tubes of *coagulated blood serum*, preferably Löeffler's mixture, also slides and other material necessary for the use of the examiner.

Discharges for microscopical examination shall be smeared in thin films on glass slides and allowed to dry while thus freely exposed to the air.

Both slides and cultures shall be sent to the bacteriologist immediately after the examination.

In all of the examinations discovery and identification of *pathogenic organisms* is the object of primary importance, although other investigations may be made if some unusual condition is apparent. The primary culture shall, whenever possible, be made on coagulated blood serum.

Reports on these examinations of uterine and vaginal discharges shall be made by the bacteriologist, in writing, direct to the gynecological examiner who sent the material, with as little delay as possible consistent with accurate results.

At the conclusion of the proving, this book, containing the complete record of all examinations, shall be returned to the gynecological examiner, to be afterward sent to the local director of the proving.

Should other material, sputum, etc., be sent for examination by other special examiners, the bacteriologist will make his report in each case direct to the sender.

Bacteriological Examination

Date City
Name of Prover Name of Examiner
Number of examination Laboratory
Place from which culture or smear was made
Date when taken Date when received
Reaction (obtained from examiner)
Microscopical examination of discharge
- Mucus
- Epithelium
  - Shape
  - Size
- Leucocytes
- Bacteria
- Morphology of varieties
  - Abundance (few, many, etc.)

Bacteriological examination of discharge
- Culture medium
- Time of incubation before visible growth
- Sub-cultures in Petri dishes
- Staining peculiarities — if any
- Morphology
- Animal inoculations — if performed
- Other methods employed in determining the identity
- Diagnosis of pathogenic forms

SKIN

Preliminary Examination

Date City
Name of Prover Name of Examiner
Age Complexion Temperament
Hereditary tendencies as to —
- Skin diseases
- Gout
- Rheumatism

Tuberculosis

Syphilis

Personal history as to —

Previous skin affections

Rheumatism

Gout

Syphilis

Chronic indigestion

"Neurasthenia"

La Grippe within one year

Present condition as to —

Functional activity of the whole digestive tract

Habits of eating, drinking, bathing and exercise

Blemishes of the skin, moles, pigmentations, etc.

Dryness or oiliness of the skin, roughness, etc.

Dryness of the scalp, dandruff, loss of hair, etc.

Examinations during the Proving

To be made once a week, noting general condition of the skin, scalp, etc., or oftener, in case any eruption appears upon the skin. Record the results upon the blank pages following, and carefully date each examination. If any eruption appears, note:

1. Physical symptoms as to whole digestive tract
2. Exact diet for preceding thirty-six hours
3. Subjective symptoms as to itching, stinging, burning, etc.
4. Character of lesion, whether macular, papular, vesicular, etc.
5. Exact character of *eruption* as to size, shape, definition, symmetry, color and location
6. Glandular involvment of any sort and its location with reference to the location of the eruption

CHAPTER III

NARRATIVES AND SYNOPSES OF THE PROVINGS

THE synopsis of each proving follows immediately after the narrative. Symptoms are arranged under distinct systems or physiological divisions of the body. They are also presented in each division in the order of their development. The time between the appearance of the first and the last symptom in each division is divided into five equal portions and these are designated, in their order, by the letters from A to E. A symptom occurring among the first of its class will, therefore, be found entered under A, while one first appearing in the middle period will be found under C, or toward the very last under E. Identical symptoms are recorded but once only, at the time of first appearance, but the whole number of days on which the given symptom recurred is indicated by a numeral exponent. This arrangement of symptoms in the order of their development and relative time of appearance will serve as an approximate index in case any particular one, of especial interest, is to be traced back to its group of accompanying and associated symptoms in the preceding narrative.

I. Mr. W. H. R. of Chicago: medical student; age 25; American parentage; single; height 5 ft. 5½ in.; weight 154 lbs.; skin white; eyes dark gray; hair dark brown; nervous temperament and strong constitution. Possible predisposition to goitre; heart strain five years ago, but no disturbance of circulation for several years past; rheumatism, of muscular type, in back and legs, at times; slight catarrh; tendency to insomnia in early part of night; subject to acne after excess of fruit or pastry; uses no tobacco or stimulants of any kind.

March 16, 1903. 5 d. 2 x. at 2 and 8 p. m. Slight, dull frontal headache.

March 17. 5 d. 2 x. at 11 a. m. 1 d. ϕ at 8 p. m. No symptoms.

March 18. 1 d. ϕ on rising, and every 4 hrs. during day. Tendency to slow mentality; slight frontal headache, also occipital; strained sensation in head and eyeballs. [7 p. m. temp. normal; pulse 78; tongue clear. — D.]

March 19. 2 d. ϕ every 4 hrs. during day. Slow mentality; hard to concentrate thoughts, < indoors, > out of doors. [Aching

deep in the eyeballs, about the centre; strained sensation through head and eyes; eyes seem to be all right but sluggish in action, it takes him longer to focus them, both for distant and near vision. — Ex.]

March 20. 3 d. ϕ every 4 hrs. during day. Scraping sensation in throat, causing frequent efforts to clear, which only aggravate. [7 p. m. pulse 60; temp. 97.8; tongue slightly coated white; scraping sensation in throat. — D.]

March 21. 3 d. ϕ every 4 hrs. during day. Sensation of dryness and scraping in throat, < by hawking and singing.

March 22. 5 d. ϕ every 4 hrs. during day. Dull, frontal headache, also affecting eyeballs; constant scraping in throat; later in day headache accompanied by nausea.

March 23. 8 d. ϕ every 4 hrs. during day. Constant headache; nausea, < in doors, not present when riding in the open air; slight aching in eyeballs. [7:30 p. m. tongue considerably coated with marked disorder of stomach; pulse 72 and full. — D.]

March 24. 12 d. ϕ at 9 a. m. and 3 p. m. Continuous, dull, frontal headache; bad taste in mouth as if tongue and whole inside of mouth were coated; aching in eyeballs accompanied headache. [Pupils dilated. — D.]

March 25. 15 d. ϕ every 4 hrs. during day. 3 hrs. after first dose mouth dry; saliva scanty, viscid, thick and of salty taste; glazed feeling of tongue quite constant and persistent; 40 m. after second dose photophobia; on attempting to read experienced a sharp, shooting, blinding pain in eyeballs, which was so intense he had to discontinue; mouth tastes sour; throat dry and scrapy; tongue coated white; saliva thick and sticky; absence of thirst; constant slight headache, < after eating; mucous secretions, from both nose and throat, became viscid, sticky, semi-transparent and lumpy, and so tough that they could be pulled out into strings; absence of thirst continued throughout day. [Pupils dilated; pulse 84, of medium strength. — D.]

March 26. 18 d. ϕ at 8 a. m., 12 m and 4 p. m. Sour taste in mouth, lasting 2 or 3 hrs. after eating; tongue coated white; mouth and throat dry; saliva thick, but no desire for water; [increased viscid mucus in nose and naso-pharynx expelled with difficulty; expectorates a little mucus from larynx by hemming; although there is hyper-secretion of saliva and mucus in mouth and throat they are thick, viscid and difficult to expel, coming away in strings; no change in pharynx in appearance. — Ex.] 3 p. m. a diarrheic stool, thin and pasty but not watery, of yellowish-brown color; slight soreness and smarting of anus after stool; disinclination to either mental or physical exertion; feels weak and exhausted; nausea increasing; late in p. m. saliva white as snow, frothy and very sticky; 7 p. m. thin, watery stool, preceded by slight aching in lumbar region relieved upon evacuation; miserable, indescribable sick feeling all over; frontal headache and aching in eyeballs persists, aching in eyes predominating; vision blurs while writing. [6:20 p. m. pulse 102 and full; pupils dilated; temp. 99; palms of hands very dry and parched; frequent sighing respiration. — D.]

March 27. No medicine to-day. 5 a. m. driven from bed by sudden urgent stool, watery, yellowish-brown, preceded by griping in abdomen; 8 a. m. another similar watery stool accompanied by explosion of flatus; 2 and 10 p. m. similar watery stools, lessening in quantity; headache and aching in eyeballs persists, with dimness of vision and blurring when attempting to read. [7:45 p. m. pulse 78 and rather weak. — D.]

March 28. 18 d. ϕ at 8 a. m., 12 m. and 4 p. m. 3 p. m. a diarrheic stool, semi-watery and last part thick, of yellowish-brown color; 8:30 p. m. a second diarrheic stool, thin, watery and accompanied by flatus; continued headache, with aching in eyes. [7 p. m. pulse 84 and rather weak; temp. 98; tongue flabby and pale; pupils slightly dilated; sour taste in mouth with dryness; saliva snow-white, frothy and viscid; lips dry and parched as if about to crack or chap, and constant moistening makes them worse; dryness and scraping in throat posteriorly, < by constant hawking and clearing; no thirst; palms of hands feel very dry. — D.]

March 29. 22 d. ϕ at 10 a. m. and 3 p. m. 8:15 a. m. a yellowish-brown diarrheic stool, first part watery, last, thick and pasty, preceded by a slight aching in abdomen: aching in rectum as stool passed; slight nausea during stool; bad taste in mouth but saliva less viscid; some difficulty in voiding urine; passed slowly and in small stream "as though due to inactivity of bladder;" pressure with abdominal muscles increased size of stream; 10:30 a. m. strong urging to stool but little passed; mouth dry and lips parched and agglutinated by saliva; saliva thick and very viscid, can roll it up into lumps with the tongue; palms of hands dry and rough; eyelids feel dry and smart; vision blurs on attempting to read fine print; 4:20 p. m. another diarrheic stool of similar character as before with aching in abdomen and smarting in anus during passage; urine caused slight burning sensation along urethra; nasal membrane becoming dry; sour taste in mouth continues, also dull, heavy feeling in forehead and eyeballs. [6:45 p. m. pulse 84; pupils slightly dilated; temp. normal. — D.]

March 30. 26 d. ϕ at 8 a. m., 12 m. and 4 p. m. About 4.50 a. m. two diarrheic stools, the second preceded by quite severe aching in abdomen, > by evacuation; urine difficult to start and voided slowly; sour taste after eating; thick, viscid saliva; dryness of mouth continues; [nose feels dry with much crusting of mucus on nasal membrane near anterior nares; pharyngeal wall covered with tenacious, frothy mucus and saliva; constant desire to moisten lips with tongue; no scraping in throat for past 36 hrs. — Ex.] Dryness of palms of hands continues; 11:30 a. m. diarrheic stool preceded by pain in abdomen > by evacuation with smarting of anus during passage; 1.30 p. m. quite severe aching in abdomen with ineffectual urging to stool; slight headache continues with slowness of thought; aching in eyeballs continues with inability to read fine print and with smarting, burning and sensation of dryness; 2:45 p. m. small, semi-watery yellowish-brown stool, preceded by aching in abdomen, > by evacuation; much straining during stool causing soreness in

anus; aching and smarting in eyes, < in p. m., after eating, and indoors, < out of doors; headache becoming more general: feels weak, listless, sleepy and disinclined to any exertion; finger ends dry, hot, rough, and feel as if about to crack. [7:30 p. m. pulse 78 and full. — D.]

March 31. No drug taken to-day. 8 a. m. a yellowish-brown, rather pasty, diarrheic stool with aching in abdomen before and during stool but > afterwards; eyes smart and buru; slight frontal headache with aching in eyes; vision blurs on using eyes. [6:30 p. m. lips inclined to be dry; hands dry, but not so much as yesterday; pupils slightly dilated. — D.]

April 1. 26 d. ϕ at 8 a. m., 12 m. and 4 p. m. Following first dose sour taste in mouth, < after eating; saliva became scanty, thick and frothy; hands dry, parched and rough; eyes dry and burning; 9:45 a. m., "peculiar aching pain in back of head, on l. side, just below occiput, which seemed to pass up and over from l. eye, in a streak, resting like a ball on the spot named, the streak then extending on downwards into the neck. The pain came on quickly, throbbed a few times, then became dull and gradually passed away." Dull aching in forehead and eyes a constant symptom; following second dose vision began to blur rapidly; could almost notice pupils dilate; urine passed slowly in small stream without pain, dropped straight down from penis from lack of expulsive force; mouth again tasted sour after eating, and saliva became thick and scanty; nose felt dry and stopped up; almost entire absence of thirst, and when present was satisfied with very little water. [7 p. m. pulse 90, easily compressed; temp. normal; pupils dilated. — D.]

April 2. 30 d. ϕ at 8 a. m., 12 m. and 4 p. m. Sour taste in mouth after eating; saliva scanty; mouth dry. [Continued dryness in nose, mouth and pharynx; vocal bands abnormally reddened; larynx hyperemic; mucus dries and scales in nose, especially on septum. — Ex.] Same difficulty to-day in voiding urine, had to strain to pass it; headache and aching in eyes a constant symptom; three movements from bowels to-day, all yellowish-brown; the first copious, watery and rather fetid, the others thicker, of pasty consistency and lumpy; aching in abdomen preceded and accompanied stool, > afterwards; aching of anus while straining; eyes blur and ache when used; "at times vision clears up nicely but only for a short period, then gradually blurs again; the sensation is that of something opening and shutting, first partially obscuring vision, then opening and allowing good, clear vision; the period of dimness of vision is much the longer of the two." [Lack of secretions in eye. — Ex.] [7 p. m. pulse 96; temp. 99; pupils dilated. — D.]

April 3. 35 d. ϕ at 9 a. m. and 3 p. m. 9 a. m. copious, yellowish-brown, semi-fluid stool, with no pain in abdomen, but slight smarting in anus; mouth and throat dry without thirst; sour taste after eating; aching in forehead and eyes a constant symptom; palms and finger tips dry and rough; urine passed slowly as before; sensation of a lump under middle of sternum; burning in esophagus all the way to stomach after taking drug; small, rather hard

stool late in p. m. [7 p. m. pulse 92; temp. normal; pupils dilated. — D.]

April 4. 40 d. ϕ at 9 a. m. and 3 p. m. 8 a. m. diarrheic stool, rather thick, preceded by aching in abdomen and imperative urging; mouth and throat exceedingly dry; saliva scanty, frothy and sticky; urine passed very slowly and in small stream without pain. [For past six days urine passed slowly in small stream, requiring auxiliary abdominal pressure for its expulsion; the abdominal muscles were brought into play, and the prover lifted himself upon his toes when urinating. — Ex.] At 11:30 a. m. temp. 99.1; headache and aching in eyes still a constant symptom; hands, especially palms, feel dry and hot. [Skin on hands exceedingly dry, horny, and cold; prover says he feels as if he could hold nothing; to the touch his hands were cold, rough, and lacked moisture. — Ex.] Blurring of vision much increased after second dose, and at 4:30 p. m. marked sensation of dizziness; at night not able to read at all; eyes dry and smart; sour taste in mouth after eating. [6:30 p. m. pulse 90, quite full and strong; pupils dilated. — D.]

April 5. Drug discontinued. Had three diarrheic stools to-day of the characteristic yellowish-brown color and pasty consistency; these were preceded by aching in abdomen, > after stool; slight frontal headache; aching in eyes; slight blurring of vision; urine flows rather slowly, but otherwise normal. [7:30 p. m. pupils normal. — D.]

April 6. 7:30 a. m. driven from bed by copious, diarrheic stool of usual character and accompaniments; slight headache and aching in eyes with strained feeling after use. [Dryness of mouth and throat ceased yesterday morning; has no more dryness and crusting in throat than before taking drug; larynx appears as before taking drug. — Ex.] 7 p. m., "When taking drug had slowness of mentality; that condition has now changed into a hyperesthetic condition; not only the mental but all the faculties appear alert, as after drinking coffee."

April 7. Slight blurring of vision with frontal headache and aching of eyes; 12 m. a diarrheic stool, semi-watery, copious and of yellowish-brown color, preceded and accompanied by aching in abdomen. [No further symptoms; prover seemed perfectly normal after this date. — D.]

1. Mind and Nervous System

No hereditary predisposition, or especial tendency, to mental disturbance or nervous affections; emotions easily excited but under good control; uses no tobacco or stimulants of any kind; all reflexes normal.

A. Transitory, dull [7], frontal [15], or supra-orbital headache, > by going out of doors [2], becoming continuous [8], accompanied by aching in eyeballs [7], < after eating.
Strained sensation in head and eyeballs.
Slight occipital headache.

C. Disinclination to either mental or physical exertion; feels weak and exhausted (following digestive disturbance and diarrhea).

D. Heavy feeling in forehead and eyeballs.
9.45 a. m. a peculiar, aching pain seemed to pass over vertex from l. eye to a spot in l. occipital region, there lingering a moment and passing onward down the neck; some throbbing accompanied pain, which came quickly, became dull and gradually passed away.
General dulness of thought; difficulty in concentration [2], or fixing the mind; must compel himself to think; slowness of thought [8].

E. After drug had been discontinued 48 hrs. the slowness of mentality, which had lasted many days, changed to a condition of increased mental activity; all the faculties were alert, "as after drinking coffee."

2. Eyes

No predisposition to disease of eyes; for past 6 yrs. has had acute conjunctivitis every summer from being on water, disappearing as soon as he leaves the water; hypermetropic, wearing glasses R. and L. + 0.75 D [s] + 0.50 D [c] ax. 180°, otherwise eyes normal in every respect; had headaches before wearing glasses, but none since; muscle balance, distance normal, near normal.

A. Strained sensation in head [3] and eyeballs [3].
Aching deep in eyeballs about the centre.
[Eyes seem all right, but sluggish in action, it takes him longer to focus them both for distant and near vision; muscle balance, distance 1 deg. esoph. — Ex.]

B. Dull [4], frontal headache affecting the eyes [14]; (with aching in eyes [9], with aching in "eyeballs" [5]).
Slight aching in eyeballs.
[Muscle balance, distance normal, near normal. — Ex.]
40 min. after taking drug intense photophobia, lasting only a short time.
On attempting to read, experienced a sharp, shooting, blinding pain in eyeballs, which was so intense he had to desist.
[Pupils dilated [10]. — D.]

C. [Lids, pupils, tension and fundus normal; muscle balance, distance 1 deg. esoph., near normal. — Ex.]
Dimness and blurring of vision [3] when attempting to use the eyes [2] to read fine print [2] or to do close work.
Dull, heavy feeling in forehead and eyeballs.
Eyelids feel dry and smart.
Eyes smart [3], feel dry [2] and burn [2].

D. [Weakness of accommodation; vision for distance and muscles same as previous tests. — Ex.]
Following second dose of drug, vision began to blur rapidly, "could almost notice pupils dilate."
"At times the vision clears up nicely, but only for a short space of time, then gradually blurs again. The sensation is that of something opening and shutting, first partially obscuring the vision, then opening and allowing good, clear vision; the period of dimness of vision being much the longer of the two."
Eyes ache when used.
[All conditions same as on previous examination, except lack of secretions. — Ex.]
E. [Blurring of vision less through day but < at night, not able to read at all; eyes are dry. — Ex.]
[Six days after discontinuing drug, no after effects. — Ex.]

4. Nose and Throat

No predisposition to disease of the nose and throat; septum deviates towards right, with tendency for mucus to dry in thin scales over its convex surface anteriorly; no contacts; general condition of nose and throat good, except a little tendency to naso-pharyngeal catarrh during the winter months; seldom takes cold.

A. [After 3 days of drug, no apparent change in nose or throat. — Ex.]
Scraping sensation in throat, causing frequent efforts to clear, which only aggravate. [Drop in temperature 50° in 36 hrs. East wind prevails. — D.]
Sensation of dryness [3] and scraping [2] in throat, < by hawking and singing.
B. Slight increase of hyperemia of pharynx.
Follicles on posterior pharyngeal wall more prominent.
Mouth dry [8], saliva scanty [4], viscid [2], thick [5] and of salty taste.
Glazed sensation on tongue.
Tongue coated white [2].
Mucous secretions from both nose and throat became viscid, sticky, semi-transparent and lumpy, and so tough that they could be pulled out in strings.
Absence of thirst [2].
(Saliva white as snow, frothy [3] and very sticky [2], late in p. m.)
[Increased viscid mucus in nose and naso-pharynx, expelled with difficulty; expectorates a little mucus from larynx by hemming; although there is hyper-secretion of saliva and mucus in mouth and throat, they are thick, viscid and

difficult to expel, coming away in strings; no change in appearance of pharynx. — Ex.]

C. [At 7 p. m. sour taste in mouth with dryness; saliva snow-white, frothy and viscid; lips dry and parched as if about to chap and crack, made worse by constant moistening; dryness and scraping in throat posteriorly, < by constant hawking and clearing; no thirst. — D.]

Mouth and lips parched[3] and agglutinated by saliva.

Saliva so thick and viscid it can be rolled up into lumps by the tongue.

[Nose feels dry, with much crusting of mucus on nasal membrane near anterior nares; pharyngeal wall covered with tenacious, frothy mucus and saliva; constant desire to moisten lips with tongue; no scraping in throat for past 36 hrs. — Ex.]

D. Sour taste in mouth, < after eating.

Nose feels dry and stopped up (late in day).

[Continued dryness in nose, pharynx and mouth; vocal bands abnormally reddened; larynx hyperemic; mucus still dries in scales in nose, especially on septum. — Ex.]

E. Mouth and throat parched, but without thirst.

[Drug stopped two days ago; dryness of mouth and throat ceased yesterday morning; has no more dryness and crusting in nose than before taking the drug; larynx appears as before drug. — Ex.]

[Five days later, no after effects. — D.]

5. Respiratory System

A. 11th day of drug; [6:20 p. m. pulse 102 and full; temp. 99; frequent sighing respiration. — D.]

[Respiration: rate increased steadily; rhythm same; character shallower. — Phys. Ex.]

6. Circulatory System

Heart strain 5 yrs. ago, but no disturbance of circulation for several years past.

A. [3d day of drug, 7 p. m. pulse 78; temp. normal. — D.]

[5th day of proving, 7 p. m. pulse 60; temp. 98.8. — D.]

B. [8th day of drug, pulse 72 and full. — D.

C. [10th day of drug, pulse 84, medium strength. — D.]

[11th day, 6:20 p. m. pulse 102 and full; temp. 99; frequent sighing respiration. — D.]

[12th day, no drug, 7:45 p. m. pulse 78 and rather weak. — D.]

D. [13th day, 7 p. m. pulse 84 and rather weak; temp. 98. — D.]

[14th day, 6.45 p. m. pulse 84 ; temp. normal. — D.]
[15th day, pulse 78 and full. — D.]

E. [17th day, 7 p. m. pulse 90, easily compressed ; temp. normal. — D.]
[18th day, 7 p. m. pulse 96 ; temp. 99. — D.]
[19th day, 7 p. m. pulse 92 ; temp. normal. — D.]
[20th day, pulse 90, quite full and strong ; temp. normal. — D.
[Pulse : frequency decreased at first, then steadily increased ; rhythm not disturbed perceptibly ; force and volume decreased. — Phys. Ex.]
See sphygmographic tracings.

7. Alimentary System

A. Headache, accompanied by nausea (7th day of drug).
Nausea [3] < indoors, not present when riding in the open.
[7:30 p. m., tongue considerably coated, with marked disturbance of stomach. — D.]
Bad taste in mouth,[2] as if tongue and whole inside of mouth were coated.
Mouth dry [10].
Saliva scanty [6], viscid [2], thick [6] and of salty taste.
Glazed sensation on tongue quite constant and persistent.
Sour taste in mouth [8], after eating[5], lasting 2 or 3 hrs. after eating.
Throat dry [3] and scrapy [2].
Tongue coated white [2].
Constant slight headache, < after eating.
Absence of thirst [2].

B. At 3 p. m. a diarrheic stool, thin and pasty but not watery, of yellowish-brown color.
Slight soreness and smarting of anus after stool.
Saliva white as snow, frothy [5] and very sticky [3] (late in p. m.).
At 7 p. m. thin, watery stool, preceded by slight aching in lumbar region, relieved by evacuation.
At 5 a. m. driven from bed by a sudden, urgent stool, watery, yellowish-brown, preceded by griping in abdomen ; 8 a. m. another similar watery stool, accompanied by explosion of flatus ; 2 p. m. and 10 p. m. similar, watery stools, lessening in quantity.
At 3 p. m. a diarrheic stool, semi-watery and last part thick, of yellowish-brown color ; at 8:30 p. m. a second diarrheic stool, thin, watery, and accompanied by flatus.
[At 7 p. m. tongue flabby and pale ; mouth dry, with sour taste ; saliva snow-white, frothy and viscid ; lips dry and parched as if about to crack or chap, made worse by constant moistening ; dryness and scraping in throat posteriorly ; no thirst. — D.]

C. At 8:15 a. m. a yellowish-brown diarrheic stool, first part watery, last thick and pasty, preceded by slight aching in abdomen; aching in rectum as stool passed; slight nausea during stool; later, at 10:30, strong urging to stool, but little passed; still later, at 4:20 p. m. another diarrheic stool of similar character as before, with aching in abdomen and smarting in anus during stool.

Mouth and lips parched [3] and agglutinated by saliva.

Saliva so thick and viscid it can be rolled up into lumps by the tongue.

About 4:50 a. m. two diarrheic stools, the second preceded by quite severe aching in abdomen, relieved by evacuation; at 11:30 a. m. another diarrheic stool, preceded by pain in abdomen, > by evacuation, with smarting in anus during passage; at 1:30 p. m. quite severe aching in abdomen with ineffectual urging to stool, and at 2:45 p. m. small, semi-watery, yellowish-brown stool, preceded by aching in abdomen, relieved by evacuation, and much straining during stool, causing soreness of anus.

At 8 a. m. a yellowish-brown, rather pasty, diarrheic stool, with aching in abdomen before and during stool, but relieved afterwards.

D. Almost entire absence of thirst and, when present, satisfied with very little water.

Three movements from bowels, yellowish-brown, the first copious, watery and rather fetid, the others thicker, of pasty, lumpy consistency, preceded and accompanied by aching in abdomen, relieved afterwards, and with aching in anus while straining.

9 a. m. copious, yellowish-brown, semi-fluid stool, with no pain in abdomen but slight smarting in anus.

Mouth and throat parched and dry, without thirst.

Sensation of lump under middle of sternum.

Burning of esophagus all the way to stomach after taking drug.

Small, rather hard stool late in p. m.

E. 8 a. m. diarrheic stool, rather thick, preceded by aching in abdomen and imperative urging.

Three diarrheic stools of the characteristic yellowish-brown color and pasty consistency, preceded by aching in abdomen, relieved after stool.

7:30 a. m. driven from bed by copious diarrheic stool of usual character and accompaniments.

12 m. a diarrheic stool, semi-watery, copious and of yellowish-brown color, preceded and accompanied by aching in abdomen.

8. Genito-Urinary System (Male)

No hereditary predisposition to disease of the genito-urinary tract; palpation of bladder region normal; no urethral obstruction, No. 14 sound passes freely; prostate slightly irritable, but not enlarged.

A. Some difficulty in voiding urine[2]; passed slowly[6], and in small stream[3]; pressure with abdominal muscles increased size of stream; later, urine caused slight burning sensation along urethra.
B. Urine difficult to start.
C. Difficult micturition, but no pain[2]; urine dropped straight down from penis from lack of expulsive force.
D. Had to strain to pass urine.
E. [For the 6 six days urine passes slowly in small stream, requiring auxiliary abdominal pressure for its expulsion. The abdominal muscles were brought into play, and the prover rather lifted himself upon his toes when urinating. — Ex.]

9. Urine

Summary of Analyses

No marked change in specific gravity, odor, color or reaction.
Quantity: increased.
Solids: total amount rose progressively from 47 to 62 grms.
Indican: marked red coloration (purple or pinkish) and one marked violet.
Albumin: faint traces appeared toward the last.
Ratio of urea to uric acid: finally decreased.
[The feature of this case was the intensity of coloration obtained with Jaffi's test for indican. This only once was the characteristic violet; at other times brilliant reds appeared. — Ex.]

Sediments

March 14, sediment insignificant; a few leucocytes and large squamous epithelia.
March 19, sediment insignificant; a small amount of granular material, either amorphous urates or phosphates (too little to identify with certainty).
March 24, as above, small amount of amorphous phosphates.
March 28, a small amount of amorphous phosphates (or urates?), bacteria and mucous casts.
March 31, no bulk per cent.; one or two small uric acid crystals; one or two squamous epithelia.

April 4, no bulk percent.; one or two small uric acid crystals and a few leucocytes.
April 7, no bulk percent.; a few leucocytes and large squamous epithelia.

10. Blood

SUMMARY

[The only change observed of sufficient importance to mention was some increase in the number of leucocytes towards the end of the proving. — Ex.]

12. Skin

Skin white; hair dark brown; subject to acne after excess of fruit or pastry.

A. [Palms of hands feel very dry, evening. — D.]
Palms of hands dry[7] and rough.
B. Finger ends dry[2], hot, rough[2], and feel as if about to crack.
C. Hands dry, parched and rough.
E. Hands, especially palms, feel dry and hot.
[Skin on hands exceedingly dry, horny and cold. Patient says he feels as if he could hold nothing. To the touch, his hands were cold, rough and lacked moisture. — Ex.]
[Prover seemed perfectly normal three days after last note. — Ex.]

14. General Systemic Conditions

Disinclination to either mental or physical exertion.
Feels weak and exhausted.
Miserable, indescribable sick feeling all over.
Feels listless, sleepy and disinclined to any exertion.

15. Regional Conditions

Outer head: peculiar aching pain passing from left eye up over head and down in streak to back of head, on left side, just below occiput, resting there like a ball, with streak extending down into the neck, the pain throbbing a few times, then becoming dull, coming on quickly, and passing gradually away.
Face: lips dry and parched as if about to crack or chap, made worse by constant moistening; lips parched[3] and agglutinated by viscid saliva; lips inclined to be dry.
Abdomen: griping in abdomen preceding urgent stool; aching in abdomen preceding stool[2]; severe aching in abdomen preceding stool, relieved by evacuation[2]; aching in abdo-

men before and during stool, but relieved by evacuation [3]; aching in abdomen preceding and accompanying stool.
Neck and back: aching in lumbar region preceding stool, relieved upon evacuation.
Upper limbs: hands dry; palms of hands very dry [8], parched, rough and hard; finger ends dry [2] and rough [2], as if about to crack and chap.

16. Sensations

Sensation: in head as though strained [2].
In eyeballs as though strained [3].
Of scraping in throat [5].
As though tongue were glazed.
Of general sickness and misery.
Of heaviness in forehead and eyeballs.
As if finger tips were about to crack.
As of something opening and shutting within the eyes, with alternate obscuring and clearing of vision.
As of lump under middle of sternum.
As though hands could hold nothing.
As though the mental and all other faculties were alert, "as after drinking coffee."
Pain: in head [11]; also occipital [3].
In abdomen.
Sharp shooting in eyeballs.
Smarting: in eyeballs [3]; in eyelids; in anus [2].
Griping: in abdomen.
Aching: in forehead [2] and in frontal region [14]; in eye sand eyeballs [14]; in abdomen [10]; in lumbar region; in rectum; of anus while straining.
Dryness: of mouth [13]; of throat [5]; of pharynx; of lips [5], as if about to crack; of nose [3]; in eyelids; in eyeballs [3]; in palms of hands [8]; of finger ends [2].
Burning: in eyeballs [3]; in esophagus after taking drug; along urethra during micturition; in palms of hands; in finger ends.
Weakness: general weakness [2] and feeling of exhaustion, and indescribable sick feeling all over.

17. Modalities

Eating: < headache; < sour taste in mouth [5]; < aching and smarting in eyes.
Rest, position, motion: efforts to clear throat < scraping sensation; hawking and singing < sensation of dryness and scraping in throat; hawking and clearing throat < dryness and scraping.

Time: 4:50 a. m. two diarrheic stools.
5 a. m. driven from bed by sudden, urgent, diarrheic stool.
7:30 a. m. driven from bed by copious, diarrheic stool.
8 a. m. watery stool with explosion of flatus; diarrheic stool [2].
8:15 a. m. diarrheic stool.
9 a. m. copious semi-fluid stool.
9:45 a. m. peculiar shooting pain, chiefly occipital.
10:30 a. m. strong, rather ineffectual urging to stool.
11:30 a. m. diarrheic stool.
12 m. copious diarrheic stool.
In p. m. aching and smarting in eyes <.
1:30 p. m. ineffectual urging to stool.
2 p. m. sudden, watery stool.
2:45 p. m. semi-watery stool.
3 p. m. diarrheic stool [2].
4:20 p. m. diarrheic stool.
4:30 p. m. marked sensation of dizziness.
Late in p. m. saliva white as snow, frothy and very sticky.
7 p. m. thin, watery stool; all the faculties appear alert, "as after drinking coffee" (second day after drug discontinued).
8:30 p. m. diarrheic stool.
10:30 p. m. sudden, urgent, watery stool.
Temperature and weather:
Indoors: especially hard to concentrate thoughts; nausea <; aching and smarting in eyes <.
Outdoors: easier to concentrate thoughts; nausea disappeared when out riding; aching and smarting in eyes >.
Open air: frontal headache >.

II. Mr. J. P. W. of Chicago: medical student; age 28; American parentage; single; height 5 ft. 10 in.; weight 200 lbs.; skin white; eyes dark gray; hair black; temperament rather phlegmatic, and strong constitution; no hereditary predisposition to disease; health excellent, and subject to no disturbances except occasional colds. Uses no tobacco or alcoholic stimulants of any kind, or coffee; drinks tea and will continue its use during the proving.

March 16, 1903. 5 d. 2 x. dil. at 2 and 8 p. m.; no symptoms.
March 17. 1 d. ϕ at 11 a. m., 4 and 8 p. m. [7 p. m. back part of tongue slightly coated; pulse 72. — D.]
March 18. 1 d. ϕ every 4 hrs. during day; last night broken sleep, with hungry, gnawing feeling in stomach. [Slight increase of saliva and thin mucus in oro-pharynx; slight increase in hyperemia of upper portion of larynx; slight infiltration on inferior border of larynx; no change noted in subjective symptoms. — Ex.] [7:45 p. m. temp. normal; pulse 84; tongue coated dirty-white and heavier than yesterday. — D.]

March 19. 5 doses each 2 d. ϕ. No symptoms. [7 p. m. temp. normal; pulse 72; back part of tongue slightly coated. — D.]
March 20. 5 doses each 3 d. ϕ. No symptoms. [7:30 p. m. temp. 97. — D.]
March 21. 5 doses each 3 d. ϕ. Frontal headache on r. side in evening. [3:30 p. m. back part of tongue considerably coated. — D.]
March 22. 5 doses each 5 d. ϕ. Slight dizziness in morning. Frontal headache, < r. side. [7:30 p. m. temp. 98; pulse 64; considerable dirty white coating on back part of tongue. — D.]
March 23. 5 doses each 8 d. ϕ. Dizzy with slight, frontal headache in evening. [7 p. m. tongue much coated on back and slightly in front. — D.]
March 24. 12 d. ϕ at 9 a. m. and 3 p. m. No symptoms noted. [7:15 p. m. pupils slightly dilated. — D.]
March 25. 4 doses each 18 d. ϕ. No general symptoms. [Slight increase of hyperemia in nasal mucous membrane; flecks of blood on r. inferior turbinate; congestion of r. lower turbinate. — Ex.] [6:45 p. m. prover's tongue has cleared off, says he feels finely. — D.]
March 26. 4 doses each 25 d. ϕ. Pupils dilated with blurred vision; dryness of mucous membrane of mouth, nose and pharynx; feeling of inability to urinate; had to strain to force urine from bladder. [7 p. m. pupils considerably dilated; must hold print at arm's length in order to read at all; pulse 84, not very strong; temp. normal. — D.]
March 27. 4 doses each 26 d. ϕ. Blurred vision; dizziness; weakness of muscles, especially of legs; nervousness; dull, frontal headache; sensation as if eyeballs were exposed to cold air; rawness of throat with dry, hacking cough. [7 p. m. pulse 102; not strong and not very steady; pupils considerably dilated; dryness of skin over entire body: prover tries to clear throat a good deal, says there is a scrapy feeling there. — D.]
March 28. 20 d. ϕ at 10 a. m. and 3 p. m. Vertigo with frontal headache; pupils dilated; "cannot see close"; [eyeballs and lids feel as if exposed to cold air; pain in eyeballs as if he was straining eyes to see; ocular and palpebral conjunctiva normal; weakness of accommodation; cannot read without holding paper at distance, and then eyes soon tire; fundus and muscles normal; head swims upon closing the eyes. — Ex.] Weakness of muscles; nervousness and sensation of trembling; sensation as of lump in throat; [to-day less sensation of great rawness in throat than yesterday; sensation of large, hard lump in region of larynx (very unusual for him even with coryza); pronounced congestion of nasal pharyngeal and upper laryngeal membranes; follicles on post-pharyngeal wall swollen. — Ex.] Must force urine from bladder. [7:45 p. m. pulse 90, a little weak and unsteady; skin dry. — D.]
March 29. 30 d. at ϕ 10 a. m. and 3 p. m. Frontal headache; dilated pupils with pain in eyeballs; cannot see to read; dryness of throat and larynx; sensation of lump in throat; nervousness; dizziness; dry skin; must force urine from bladder. [7 p. m. pulse 90 and a little full; temp. normal; pupils dilated. — D.]

March 30. 32 d. ϕ at 7 and 11 a. m. and 3 p. m. Frontal headache; pain in eyeballs; inability to read; dryness of throat and larynx; dizziness; nervousness; dry skin; necessity of forcing urine from bladder — all more marked than yesterday; sensation of lump in throat lessened. [Nasal membrane appears same as March 18; pharyngeal walls somewhat congested, but less so than March 28. — Ex.] Had two diarrheic, watery stools of yellowish color without pain. [7 p. m. pulse 90, a little weak and unsteady; temp. normal; pupils dilated. — D.]

March 31. 35 d. ϕ at 10 a. m. and 3 p. m. Pain in eyeballs; dilated pupils; inability to read; must force urine from bladder; dryness of throat and larynx; nausea; no headache to-day.

April 1. 35 d. ϕ at 7 and 11 a. m. and 3 p. m. Slight frontal headache; pain in eyeballs; cannot see to read; [accommodation still weak; must hold print off at arm's length; cannot read over a minute before letters run together. — Ex.] Dryness of throat and larynx; [still a little hyperemia in larynx; less in pharynx and nasal cavities than for a week past. — Ex.] Must force urine from bladder. [Since March 26, has been obliged to force urine from bladder, making urination require twice or three times the usual length of time. — Ex.] Skin dry over entire body. [Has extreme dryness of skin which has been constant since March 26 (naturally slightly oily); exercise and all muscular movements, with hot drinks, fail to eliminate the slightest perspiration; skin feels rather leathery and the lines of cleavage are especially prominent. — Ex.] [7:45 p. m. pulse 90; pupils dilated. — D.]

April 2. 4 d. ϕ at 9 a. m. and 3 p. m. Mouth and throat dry; thirst which is increased by water; slight frontal headache; obliged to force urine from bladder; slight attack of diarrhea; skin dry. [7:45 p. m. pulse 84; temp. normal; pupils dilated. — D.]

April 3. 40 d. ϕ at 7 and 11 a. m. and 3 p. m. Inability to read; dryness of throat and larynx; nausea; thin, yellowish, watery diarrhea; must force urine from bladder; bloating of stomach and bowels; dryness of skin over entire body. [7:30 p. m. pulse 90 and rather full; temp. normal; pupils dilated. — D.]

April 4. 50 d. ϕ at 10 a. m. Frontal headache with dizziness; dryness of throat and larynx; [nasal membrane fairly normal; congestion of turbinates very slight; follicles on post-pharyngeal membrane more distinct, less congestion between groups. — Ex.] Skin dry; urine must be forced from bladder; slight blurring of vision. [7 p. m. pulse 80, full and strong; temp. normal; pupils dilated. — D.] (See Eye Exam.)

April 5. Drug discontinued; some frontal headache; dryness of skin. [7:45 p. m. pupils very slightly dilated. — D.] [Symptoms rapidly subsided and the prover regained his normal condition. — D.]

1. Mind and Nervous System

No hereditary predisposition, or especial tendency, to mental disturbance or nervous affections; emotions not easily excited and apparently under good control.

A. Broken sleep with hungry, gnawing feeling in stomach.
B. Frontal headache [11] on r. side [2] in evening [2].
Dizziness [6] in a. m.
C. General muscular weakness [2], < in legs.
General nervousness [3] with sensation of trembling.
D. [" The nervous symptoms probably secondary." — Ex.]

2. Eyes

No predisposition to disease of eyes; no present trouble with eyes, or symptoms of eye strain; ocular conjunctiva slightly vascular but not hyperemic; vision without glasses — R. 20/50, hyperopic astigmatism; L. 20/20, hyperopic; near point for diamond type 12 in.; amplitude for same R. 8 in., L. 32 in. Refraction R. + 1.00 cyl. 90°, V. = 20/20. L. 0.50 sph. V. = 20/20; muscle balance normal; glasses never worn; eyes have never tired or caused him any trouble aside from frontal headache after prolonged study.

A. [Pupils dilated [12]. — D.]
Near vision blurred [3], must hold print at arm's length in order to read at all [4], and then eyes soon tire [2].
B. Sensation as if eyeballs and lids were exposed to cold air [2].
Pain in eyeballs [5], as if he were straining eyes to see.
Ocular and palpebral conjunctiva normal (curative effect).
Head swims on closing eyes.
C. Inability to read [5].
E. April 4. [R. V. = 20/30; R. + 0.75 cyl. 90° V. = 20/20. L. V. = 20/25. L. + 0.50 sph. V. = 20/20. — Ex.]

4. Nose and Throat

No hereditary predisposition to disease of nose or throat. [At present hyperemic mucous surfaces, subsequent to an attack of coryza two weeks ago; otherwise normal, or more nearly so than the average man. — Ex.]

A. Slight increase of saliva and thin mucus in oro-pharynx.
[Slight increase of hyperemia of upper portion of larynx [2]. — Ex.]
[Slight infiltration on posterior border of larynx. — Ex.]
C. [Slight increase of hyperemia of nasal mucous membrane. — Ex.]
[Flecks of blood on r. inferior turbinate. — Ex.]
[Congestion of r. lower turbinate [2]. — Ex.]
[Dryness of mucous membrane of mouth [3], nose and larynx [7]. — Ex.]

Rawness of throat[2], with dry, hacking cough.
Scrapy feeling in throat, with much effort at clearing.
D. Sensation as of lump in throat[2].
Sensation as of large, hard lump in region of larynx; [very unusual for him, even with coryza. — D.]
[Pronounced congestion of nasal, pharyngeal[5], and upper laryngeal membrane. — Ex.]
[Follicles on posterior wall swollen, becoming more distinct a week later with less congestion between groups. — Ex.]
Dryness of throat[6].
April 13. [There are no symptoms present different from those before taking drug. — Ex.] [Sense of smell apparently unchanged, but acute. — Ex.]

5. Respiratory System

A. [Tendency to gradual increase in number of respirations per min. Respirations shallower. — Phys. Ex.]

6. Circulatory System

No hereditary predisposition to disease of the chest or any present abnormality. Pulse rate 78 standing, 68 sitting, on preliminary examination.

A. Pulse practically unchanged.
B. Pulse 64.
C. Pulse rose to 102, not strong and not very steady.
D. Pulse 90, once a little full, but mostly somewhat weak and unsteady.
E. Pulse fell to 80, full and strong. (Temperature remained normal throughout.)
[Nothing abnormal observed except in frequency of pulse. — Ex.]
[Decided tendency to decreased force and increased frequency of pulse; slight tendency to disturbance of rhythm; pulse rate increased, volume decreased. — Phys. Ex.] (See sphygmographic tracings.)

7. Alimentary System

A. Hungry, gnawing feeling in stomach, disturbing sleep.
Back part of tongue slightly coated[3].
Heavy, dirty-white coating on back part of tongue and slightly in front[3].
B. Dryness of mucous membrane of mouth[3] and throat[6].
D. Diarrheic, watery stools, of yellowish color, without pain[3].

E. Nausea [2].
Thirst, which is < by water.
Bloating of stomach and bowels.
[Taste for sweet and sour became gradually more acute, for bitter apparently unchanged, but acute. — Phys. Ex.]

8. Genito-Urinary System (Male)

No hereditary predisposition to disease of the urinary tract, and no previous, or present, diseased conditions; No. 14 sound passed with ease, with but slight irritation to prover.

A. (11th day of drug.) Feeling of inability to urinate.
Had to strain to force urine from bladder [10].
(On the drug being discontinued all symptoms rapidly subsided.)
[Necessity of forcing urine from bladder made urination require twice to three times the normal length of time. — Ex.]
[Note: — "This case was very markedly normal in most everything, therefore the slowness of the urine was especially interesting." — Ex.]

9. Urine

Summary of Analyses

No marked change in specific gravity, color, or reaction.
Quantity: increased.
Odor: an odor like onions, or garlic, occurred several times, and was never noticed before by prover.
Phosphates: the total amount of P_2O_5 increased during the proving (last three analyses).
Sulphates: the percent. increased (last three analyses).
Indican: the original violet color changed to a red tint with the test.
Albumin: a trace of albumin appeared in the last three analyses.
[The most noticeable change was in the odor. — Ex.]

Sediments

March 10. (Preliminary) slight flocculent sediment. A few small octahedra of calcium oxalate. A few large, irregular epithelia (squamous).
March 19. (4th day of drug.) A small amount of amorphous phosphates and a few spores.
March 21. A small amount of amorphous phosphates; a few mucous casts; a few leucocytes, numerous bacteria, and zoöglœa.

March 23. A small amount of amorphous phosphates; a few octahedra of calcium oxalate; a few crystals of ammonium-magnesium phosphates.
March 26. A small amount of amorphous phosphates; one mucous cast; numerous bacteria.
March 28. Practically as above on 26th.
April 1. Sediment insignificant.
April 4. One mucous cast; one hyaline cast; a few leucocytes and an occasional, large squamous epithelium.

10. Blood

[In this case there were no marked variations during administration of the drug. — Ex.]

11. Bones and Muscular System

A. (12th day of proving.) Weakness of muscles [2], especially of legs [2].
Sensation of trembling.

12. Skin

Complexion fair; hereditary tendency to acne simplex and comedones; has comedones and acne pustules on back, chest and shoulders; otherwise is, and always has been, free from any affections of the skin; skin slightly oily; lines of cleavage normal; perspires freely.
A. [Dryness of skin [10] over entire body [3]. — D.]
(On discontinuing drug dryness of skin rapidly subsided.)
[Exercise and all muscular movements, with hot drinks, failed to eliminate the slightest perspiration; skin feels rather leathery and the lines of cleavage are especially prominent. — Ex.]

14. General Systemic Conditions

General muscular weakness [2], < in legs.
General nervousness [3] with sensation of trembling.

15. Regional Conditions

Epigastrium and stomach: hungry, gnawing feeling in stomach; bloating of stomach.
Abdomen: bloating of bowels.
Lower limbs: weakness of muscles of legs [2].

III. Mr. W. G. F. of Chicago: medical student; age 19; American parentage; single; skin white; eyes brown; hair dark brown; bilious temperament and strong constitution; no hereditary predisposition to disease; subject to headache from eye strain, but none while wearing glasses; takes occasional cold; mucous membrane of upper air passages hyperemic; follicles of pharyngeal wall enlarged; faucial tonsils hypertrophied; occasional slight stiffness of joints of r. hand; subject to no other disturbances, and present state of health very good. Takes coffee and an occasional glass of beer; during proving one cup of coffee each morning and discontinued beer; uses no tobacco or other stimulants.

March 29, 1903. Took placebo. No symptoms.
March 30. 3 d. ϕ at 8 a. m., 12, 4 and 8 p. m. No symptoms.
March 31. Four doses, 6 d. ϕ each. No symptoms.
April 1. Four doses, 10 d. ϕ each. Burning, raw feeling in throat; sensation as of lump on r. side; frontal headache, > in open air; palpitation of heart on going up stairs; sticking pain in r. side of chest of short duration. [7:45 p. m. pulse 84; temp. normal. — D.]
April 2. Four doses, 12 d. ϕ each. Eyes blur and sting; dryness in nose and throat with no other subjective symptoms. [Nasal membrane drier than usual; pharyngeal follicles more inflamed and swollen. — Ex.]
April 3. Four doses, 20 d. ϕ each. Sharp, stitching pain in r. chest; dull heavy pain in l. side of abdomen; slight, dull headache, mostly on r. side; lips dry and sore.
April 4. Four doses, 25 d. ϕ each. Mouth, nose and throat very dry, had to get water during night to moisten throat; eyes blur; eyelids and eyeballs feel dry with burning sensation. [Vision blurs occasionally for distance and near. — Ex.] [Saliva and mucus in mouth and throat tenacious; constant effort to moisten mouth and throat with tongue; pharyngeal walls covered with thin, frothy mucus and saliva, although the sensation is dryness; larynx normal. — Ex.]
April 5. No drug taken; scrotum shrivelled and drawn up tight and hard.
April 6. 30 d. ϕ at 8 a.m., 12 m. and 8 p. m. Thick yellow coating on tongue, which can easily be scraped off; face feels dry and scaly; slight, frontal headache; rumbling in bowels, with loose, watery stool; mouth dry; throat feels raw and sore; sensation of a lump in throat; when engaged in conversation became very nervous, ideas became confused and speech difficult and stuttering. [5:30 p. m. pulse 96 and full; temp. normal. — D.]
April 7. 30 d. ϕ at 9 a. m. and 3 p.m. Throat, mouth and tongue very dry; sensation of mucus in naso-pharynx, but says nothing comes away; [hyperemic condition of membrane of pharynx and nasal pharynx aggravated. — Ex.] Skin over face feels very dry; after meals peculiar sour taste in mouth; eyes feel dry and burn. [Blurring of vision in reading; as soon as he looks attentively at print it blurs, but when paper is in motion is able to read it. — Ex.]

April 8. 35 d. ϕ at 9 a. m. and 3 p. m. Many dreams, awaking frightened; nervous and trembling sensation; frontal headache; eyes blur and feel hot; nose and throat dry; tongue so dry that it sticks to roof of mouth; thirsty, with frequent draughts of water. [7:30 p. m. pupils slightly dilated; pulse 100 and full. — D.]

April 9. 35 d. ϕ at 9 a. m. and 3 p. m. At 4 a. m. driven from bed by loose, watery, light-yellow stool without pain; later in day a second, similar movement; severe, frontal headache with sensation of something pushing from within outward; vision very much blurred; face dry, red and hot; lips dry and cracked; tongue red and sore on tip, feeling as if it had been bitten; throat sore on r. side. [Hypertrophic condition of r. tonsil aggravated, appears enlarged, bright red, and has somewhat glazed appearance. — Ex.] So tired he could hardly stand; much vertigo when stooping; sticky, bad taste in mouth; wants everything his own way, if not feels enraged; headache became so severe that he was driven to take a tablet of antikamnia for relief. (In consequence of this all further symptoms noted during remainder of day are omitted.) [7:30 p. m. pupils slightly dilated; pulse 102; temp. normal, but taken after dose of antikamnia. — D.]

April 10. 30 d. ϕ at 10 a. m. 10:45 a. m. severe, frontal headache returned, but not so bad as yesterday, disappearing about 2 p. m. Mouth, nose and throat very dry; tongue coated with white, sticky substance; vertigo when stooping; sensation of lump in r. side of throat; very thirsty for large quantities of water; considerable belching of gas; vision blurs when trying to read; lips dry and burning; ringing in ears; at 3 p. m. severe pain in ileocecal region. [6:30 p. m. pupils dilated; pulse 102; temp. normal; throat looks red and r. tonsil slightly large (aggravation). — D.]

April 11. No drug taken: mouth and throat a little dry; vision blurred; frontal headache with throbbing in temples, which were sensitive to pressure; appetite lessened; has to stand quite a while before being able to urinate; heart palpitates on going up stairs. [Blurring of vision for near objects: able to read if he keeps paper moving, if he holds it still cannot read at all. — Ex.]

April 12. 30 d. ϕ at 3 p. m. Mouth dry, otherwise no symptoms.

April 13. 30 d. ϕ at 10 a. m. and 6 p. m. Frontal headache; eyes blur worse than at any time before; ringing in ears; nose, throat and mouth dry; throat sore; sensation of lump on r. side of throat; thirsty for large quantities of water; sharp pains in knee-joints, > by motion; heavy pain in chest. [7 p. m. pupils dilated; throat looks red, and r. tonsil slightly enlarged. — D.]

April 14. 30 d. ϕ at 8 a. m., 12 m. and 4 p. m. Frontal headache, which could hardly be endured; throat feels sore and sensation of lump on right side; face flushed and hot about 12 m.; some difficulty in starting urine and slight dribbling afterwards; pain in ileocecal region; heavy, pressing pain across chest. [7:30 p. m. pulse 108, not very strong; pupils dilated; lips, mouth, nose and throat very dry; throat red, with r. tonsil slightly enlarged. — D.]

April 15. Drug discontinued; frontal headache; mouth, nose and throat dry; ringing in ears.
April 16. No symptoms.
April 17. Frontal headache; eyes feel very dry; lips dry; face very dry.
April 18. Left testicle swollen and sore.

1. Mind and Nervous System

No hereditary predisposition, or especial tendency, to mental disturbances or nervous affections; cheerful emotions easily excited; sad emotions not; emotions under fair control; reflexes normal.

A. Frontal headache > in open air. Slight frontal headache. Frontal headache[4]. Severe frontal headache with sensation of something within pushing outward. Severe frontal headache appearing 45 min. after 30 d. ϕ and disappearing after about 3 hrs. Frontal headache which could hardly be endured. Slight, dull headache, mostly on r. side.
B. When engaged in conversation became very nervous, ideas became confused and speech difficult and stuttering.
Nervous and trembling sensation.
C. Many dreams, awaking frightened.
So tired he could hardly stand.
Much vertigo on stooping[2].
Wants everything his own way; if not, is enraged.
[Evidently an hysterical subject, nervous symptoms probably secondary. — Ex.]

2. Eyes

Eyes normal in every particular except that glasses have been required for 2 yrs.; these are worn constantly and correct all optical defects.

A. Eyes blur[6] and sting. [Vision blurs occasionally for distance and near. — Ex.] [Blurring of vision in reading; as soon as he looks attentively at print it blurs, when paper is in motion is able to read it. — Ex.] [Blurring of vision for near objects; able to read if he keeps paper moving; if he holds it still cannot read at all. — Ex.]
B. Eyelids and eyeballs feel dry[3] with burning sensation[2].
Eyes feel hot.
C. [Pupils slightly dilated[3]. — D.]
D. [Pupils dilated[2]. — D.]

3. Ears

No functional disturbance or idiosyncrasy present at beginning of proving.

A. Ringing in ears [3].
[There was no variation in appearance of membranes or in function of hearing. — Ex.]

4. Nose and Throat

No hereditary predisposition to disease of nose and throat; a severe attack of so-called diphtheria 5 yrs. ago, leaving pharynx with enlarged follicles and somewhat hyperemic; subject to attacks of acute coryza every winter; subacute inflammation of membrane of nose and throat due to acute coryza a month ago; mucous membrane of nose hyperemic; inferior turbinates congested; soft palate hyperemic and faucial tonsils large and honeycombed.

A. Nose feels dry [8]. [Nasal membrane drier than usual. — Ex.]
Nares, pharynx and mouth [10] feel very dry.
Throat very dry [8].
Constant effort to moisten mouth and throat with tongue.
Had to get water during night to moisten throat.
Tongue so dry that it sticks to roof of mouth.
[Pharyngeal follicles more inflamed and swollen. — Ex.]
[Saliva and mucus in mouth and throat tenacious. — Ex.]
[Pharyngeal walls covered with thin, frothy mucus and saliva, although the sensation is dryness. — Ex.]
[Larynx normal. — Ex.]
B. Thick, yellow coating on tongue which can be easily scraped off.
Throat feels raw and sore.
Sensation of lump in throat.
[Hyperemic condition of membrane of pharynx and naso-pharynx aggravated. — Ex.]
Sensation of mucus in naso-pharynx, but nothing comes away.
C. Tongue red and sore on tip, feeling as if it had been bitten.
Throat sore on r. side [6]. Hypertrophic condition of r. tonsil <, appears enlarged, bright red and somewhat glazed.
Sensation of lump in right side of throat [5].
D. Tongue coated with white, sticky substance.
E. [Right tonsil remains slightly enlarged, an aggravation of its chronic condition. — Ex.]

5. Respiratory System

No hereditary predisposition to, or disease of, the chest.

A. Sticking pain of short duration in r. side of chest.
Sharp, stitching pain in r. chest.
E. Heavy pain in chest. Heavy, pressing pain across chest.

6. Circulatory System

No hereditary predisposition to, or disease of, the heart.

A. Palpitation of heart on going up stairs [2].
[Pulse from 84, on 3rd day of proving, rose to 96 on 8th day, and until 12th day ranged from that to 102, of full character, with temp. normal. On 16th day it became 108 and weak. — Ex.]

7. Alimentary System

Not subject to any disturbances of digestion.

A. A thick yellow coating on tongue, which can be easily scraped off.
Mouth [7] and throat [5] dry; tongue so dry that it sticks to roof of mouth.
Rumbling in bowels, with loose, watery stool; at 4 a. m. driven from bed by loose, watery, light-yellow stool, without pain; later in day a second similar movement.
After meals, peculiar, sour taste in mouth; sticky, bad taste in mouth.
B. Thirsty, with frequent draughts of water; very thirsty for large quantities of water [2].
Lips dry [5] and cracked; lips burning.
Tongue sore and red on tip, feeling as if had been bitten.
C. Tongue coated with white sticky substance.
Considerable belching of gas.
Severe pain in ileocecal region [2].
Appetite lessened.
E. [Lips, mouth and throat very dry. — D.]

8. Genito-Urinary System (Male)

A. Scrotum shrivelled and drawn up tight and hard. (Relaxed at preliminary examination.)
C. Has to stand quite a while before being able to urinate.
D. Some difficulty in starting urine, and slight dribbling afterwards.
E. Left testicle swollen and sore.

9. Urine

SUMMARY OF ANALYSES

No marked change in specific gravity, color or reaction.
Quantity increased; percent. of uric acid steadily decreased; ratio of urea to uric acid increased.

SEDIMENTS

March 7. (Preliminary) sediments insignificant; a few octahedra of calcium oxalate.
March 31. Insignificant; slight mucous cloud.
April 2. Insignificant; a few uric acid crystals.
April 11. Insignificant; slight mucous cloud.

11. Bones and Muscular System

Subject to slight stiffness of joints of r. hand.

A. (15th day of proving.) Sharp pains in knee-joints, > by motion.

12. Skin

Previous and present skin affections: acne; pustules; comedones; moles upon face, neck, chest, shoulders and back. Soft, oily skin.

A. (7th day of drug and after.) Skin of face feels dry [4] and scaly.
E. Face red and hot [2].

14. General Systemic Conditions

So tired could hardly stand.

15. Regional Conditions

Outer head: throbbing in temples, with sensitiveness to pressure.
Face: skin over face feels very dry; face feels dry [4] and scaly.
Outer chest: right side of chest, sticking pain of short duration; right chest, stitching pain; in chest, heavy pain; across chest, heavy, pressing pain.
Abdomen: in left side, heavy pain; in ileocecal region, severe pain [2]; flatulent rumbling.
Lower limbs: sharp pains in knee-joints, > by motion.

16. Sensations

Sensations: as of lump on r. side of throat [4].
Of dryness in throat without objective dryness.
Of rawness of throat.
As of lump in throat [2].
Of mucus in naso-pharynx, but nothing comes away.
As of trembling in muscles.
In head as of something pushing from within outward, with severe frontal headache.
In tip of tongue as if it had been bitten.
Of ringing in ears [3].
Pain: in head [3]; in frontal region [8].
Dryness: in nose [8]; in throat [8]; of lips [5]; in mouth [10]; of tongue; of eyelids; of eyeballs [3]; of face [4].
Burning: in throat; in eyelids; in eyeballs [3]; of lips; of face [2].
Weakness: as if he "could hardly stand."

17. Modalities

Eating: after meals peculiar, sour taste in mouth.
Rest, position, motion: stooping causes vertigo [2].
Time: 4 a. m. urgent, watery, painless stool.
11 a. m. to 2 p. m. severe frontal headache.
12 m. face flushed and hot.
3 p. m. severe pain in ileocecal region.
Temperature and weather: open air > headache.
Locality and direction: right-sided symptoms predominate.
Touch, passive motion, injuries: pressure causes pain in temples; motion > sharp pain in knee-joints.

IV. Mr. L. H. C. of New York: medical student; age 22; American parentage; single; height 5 ft. 8½ in.; weight 150 lbs.; skin fair; eyes brown; hair dark brown; even temperament; no hereditary predisposition to disease known; slight touch of inflammatory rheumatism in ankle about 4 yrs. ago; quite frequent colds; occasionally abdominal flatulence; no other tendencies to disease; present state of health excellent. No tobacco at present, or during proving, has used some moderately; uses no beer or alcoholic stimulants and neither tea nor coffee.

May 15, 1902. Commenced taking drug 1 d. ϕ every 2 hrs. and this dosage continued until May 23. Some occipital headache running over vertex; transient, sharp pain in r. inguinal region > rest; disposition irritable; tickling in pharynx, and dryness and irritation of throat; headache becoming general.

May 16. Dreams of trouble and quarrelling; headache becoming frontal with pain over r. eye after taking drug; irritability con-

tinues; intermittent pain in r. lumbar region; headache dull < r. dizziness; aching in malar bone; smarting in nose < r.; upper part of pharynx painfully dry, < empty swallowing; no thirst; tongue red at tip and along edges and coated white on back and along middle; accommodation affected; print looks blurred, difficult to read, and must be held at distance; sharp pain over eyes; slight nausea; desire to urinate with slight amount of difficulty in starting; heaviness in pelvis; dull, stupid, sleepy feeling with disposition to remain quiet; slight vertigo, with tendency to walk toward the left; stumbling and falling to the left. Evening: heavy pain in abdomen; pain in r. lumbar region; headache in frontal region extending to back of eyes and back of ears; tickling in throat, dryness of pharynx, soreness of tonsils; later, severe cramps in abdomen, lasting 10 to 15 m. with cramp-like pain in r. and l. lumbar regions < upright position and walking, > sitting doubled up; burning pain in l. hypochondrium at edge of ninth rib.

May 17. Dreams of misfortunes of all kinds, which he could not recall; throat a little dry and sore > eating; urination same as yesterday; clumsiness and feeling of uncertainty in walking and in sitting down; dull, frontal headache and dryness of pharynx continue the predominant symptoms; head feels stupid; aversion to talking; irritability.

May 18. Less headache; less dryness of pharynx; disinclination to talk; forgetful and stupid; urine increased in quantity.

May 19. After taking drug, sharp, frontal headache; pharynx dry, right pillar of fauces sore; drowsiness.

May 20. Appetite diminished; especial aversion to eggs; stitching pains and heavy burning sensation in hypochondria, < l. headache continues; dazed sensation; some nausea; pharynx dry, r. pillar of fauces still sore; expectoration frothy; throat so dry that food sticks; little thirst; dryness of throat not > drinking; hoarseness; unable to focus eyes on objects nearer than 18 in.; feels tired and sleepy; tickling in urethra just after passing urine; penis small and relaxed.

May 21. A few moments after taking drug desire to urinate with difficulty in starting and scanty, light-colored urine; tickling in urethra after micturition; penis small and relaxed, a pretty constant symptom during the proving; headache; great dryness of pharynx; vision blurred for objects nearer than 1½ to 2 ft.; sty on r. upper lid.

May 22. Throat sore and dry after taking drug; headache after taking drug; urine slow in starting and only after straining; penis small and relaxed; abnormally sensitive to drafts; feels sleepy; pimples on forehead which feel sore; blepharitis, lids gummy (aggravation).

May 23. Wakes earlier since taking drug although retiring at same time; dreams troubled; took drug at 7, 9, 10, 11, 12 a. m., 1, 2, 3 p. m. 2 d. ϕ at each dose. 3:30 p. m. frontal headache appears, extending to occiput and back of ears; upper and back part of pharynx dry and sore, affecting tonsils; base of tongue sore; dizzy; listless, tired and sleepy; 4 p. m. sharp pain in

centre of occiput; took drug at 4:10 p. m.; nausea; lump in throat; pharynx and base of tongue parched and sore; little thirst; head congested; sight blurred; aching in eyeballs; splitting headache from occiput to forehead; symptoms > sitting down; saliva frothy; without thirst; 5 p. m. took drug; tingling in r. nasal orifice; blurring of sight continues; tickling in upper trachea causing cough.

May 24. 2 d. ϕ every hr. Dreams of accidents and quarrels; lids gummy (aggravation); same headache and dry throat; sharp, darting pain back of ears.

May 25. Dull and heavy; sharp headache starting from occiput and going over to frontal region; perspiration on head; face flushed; nose stuffed, sensitive to cold air; pharynx dry and sore < empty swallowing; tickling in throat causing cough; saliva frothy; mouth dry; tickling in trachea just above sternum; dizziness, cannot tell whether standing straight or not.

May 26. Same dosage. Headache from occiput over to frontal region; pharynx dry < 10 p. m.; after dinner aching in pit of stomach; sight blurred; more pimples on face and scalp without itching; perspiration on head; cheeks flushed; head congested; sensation of lump in throat as before vomiting; tired and drowsy; slept in p. m.

May 27. Same dosage. Early morning diarrhea without pain; appetite poor; aversion for anything which needs chewing; transient pain in l. inguinal and r. lumbar regions; 2:30 p. m. weight in epigastrium; sharp, intermittent pains in l. side under third rib; drowsy in p. m.; some tasteless eructations; frontal headache; sore throat; itching of skin on neck; sore pain at attachment of deltoid on humerus; tired and weak all over, with no inclination to move.

May 28. 5 d. ϕ every hr. Sleep disturbed by dreams; no appetite; 1 hr. after breakfast stool preceded by colicky pains in umbilical and lumbar regions; eyeballs ache < on motion; 5 p. m. colicky pain in umbilical, l. lumbar, and r. inguinal region; later, sharp, intermittent pain in r. chest wall, between third and fourth ribs; pharynx dry; l. tonsil sore; base of tongue sore < left; 10:45 p. m. profuse diarrheic stool.

May 29. 10 d. ϕ every hr. Blepharitis continues (aggravation); throat somewhat less dry; saliva dry; sharp and quite steady pain in r. lumbar region near spine; cannot read ordinary print; frontal headache; head congested; nasal cavities dry and sore; cramping pain at umbilicus and across abdomen below umbilicus; heavy weight at epigastrium; abdominal symptoms < walking and motion and > urinating, passing flatus and remaining quiet. Urine starts slowly and with difficulty; head very tired; feels exhausted.

May 30. 10 d. ϕ every hr. Awoke from dreamy sleep with blurred sight; sore pain below umbilicus, not always > by passing flatus; frontal headache with pain back of eyeballs; pharynx dry; blood in mucus from nose; weakness back of knees; abnormally sensitive to draughts and cold air; sharp, transient pains about ankles, metacarpal bones, in arm near insertion of deltoid and in chest

wall, r. and l. of sternum, between third and fourth ribs; dizziness; objects seem to whirl around or to be falling away.

May 31. 15 d. ϕ every hr. Sleep restless; wakeful toward morning; after breakfast cramp-like pain just below umbilicus, lasting 10 m.; stomach heavy with disturbed sensation; three movements, balls and soft matter, before 1 p. m. preceded by pain which was immediately relieved by stool; tired feeling; weakness; stiffness in back and extremities; muscles feel sore and stiff; posterior wall of pharynx dry; blurring of sight for near objects; frontal headache; aching of eyeballs < moving eyes < l. eye; 4 p. m. sharp pain l. inguinal region; aching pain at umbilicus and below; appetite poor; aversion to meat; no thirst; pupils fully dilated; urine hard to start, under poor control, and followed by some dribbling; complete fatigue; cold-sore on upper lips; pimples persist.

June 1. 75 d. ϕ at 10 a. m. 10:30, head and ears both feel congested; 10:45 eyeballs ache; sharp pains in back of eyeballs < motion of eyes; frontal headache; muscles sore; urgent stool, normal but followed by straining; 12:30, mouth and throat dry; saliva frothy; muscles of jaw weak and sore; sleepy and tired; blurring of sight; unable to read small type; troubled sleep in afternoon, awaking with dull headache; 4 p. m. took 50 d. ϕ; soreness of under side of tongue on l.; congestion of head and ears; aching in muscles of back and extremities; urine starts, flows and stops slowly, and sometimes dribbles; feels half asleep all the time; pupils dilated; 6:30 p. m. slightly diarrheic stool followed by straining; 8:30 p. m. sharp pain at apex of heart; sharp pains, back and front, through l. chest; aching in sacral region; aching in region of kidneys; pupils fully dilated; headache < coughing < r. side; jaw sore < coughing.

June 2. 40 d. ϕ at 8:30 a. m. Almost immediate desire to urinate; hard to start, dribbling afterward; empty and gone sensation in stomach, but no appetite; mouth dry, but no thirst; tired sensation and sore pains in left shoulder, coming suddenly and disappearing gradually; sharp pain in l. hypochondrium; sharp, darting pain in l. chest wall, under and below scapula.

1. Mind and Nervous System

No hereditary predisposition or tendency to mental disturbance of the nervous system. Disposition even and unimaginative, quiet and reserved, of average cheerfulness: emotions not easily aroused and under good control: no stimulants used; no tendency to vertigo; sleep normal; station good; muscular sense and co-ordination normal.

A. Headache starting from occiput and running over vertex to frontal region [4]; general headache [7]; headache, dull, < r.[2]; awakened with dull headache.

Frontal headache, with pain over r. eye; frontal headache extending to back of eyes; frontal headache extending to back

of ears [2]; dull frontal headache; sharp frontal headache; frontal headache extending to occiput; frontal headache [4]; frontal headache with pain back of eyeballs.

Disposition irritable [3].

Dreams of trouble [3]; dreams of quarrelling [2]; dreams of misfortune of all kinds; dreams of accidents; sleep disturbed by dreams [2]; dreams about injuries; dreams which he could not recall.

Dizziness [6]. [Dizziness only on standing and walking. — Ex.] Objects seem to be whirling around or to be falling away; sharp pain over eyes; dull feeling [2]; stupid feeling [3]; listless feeling; heavy feeling; sleepy feeling [6]; slept in p. m. [2]; drowsy < in p. m. [2]; feels half asleep all the time; disposition to remain quiet [2]; tendency to walk toward the l. [2]; falling to the l.; stumbling; [stumbling when going upstairs. — Ex.] Clumsiness; feeling of uncertainty in walking; uncertainty in sitting down; aversion to talking [2].

B. Forgetful; dazed sensation; tired feeling [6]; weak all over [3]; feels exhausted.

C. Wakes too early [2]; sharp pain in centre of occiput; head congested [5]; face flushed; perspiration on head [2]; sensitive to cold air [3]; abnormally sensitive to draughts; cannot tell whether standing straight or not.

D. Head very tired.

E. Weakness back of knees; sleep restless.

2. Eyes

No hereditary predisposition to, or previous, disease of eyes; slight marginal blepharitis; slight congestion of conjunctival; vision without glasses normal; near point for diamond type, 3½ in. r. and l.; amplitude for same 23 in. r. and l.; fundus normal; no astigmatism; no headaches or reflex symptoms referable to eye strain; muscle balance, distance orthophoria, near, exophoria 9 deg.

A. Frontal headache with pain over r. eye. Evening: frontal headache extending to back of eyes [2].

Accommodation affected; print looks blurred [7], difficult to read, must be held at a distance of 1½ to 2 ft. [3].

Sharp pain over eyes.

Sty on r. upper lid.

[Range of accommodation, near point removed [5]; retinal veins very tortuous [2]. — Ex.]

Blepharitis, lids gummy [3] (aggravation).

Aching in eyeballs, < motion [4].

[Congestion of conjunctiva (aggravation); diamond type, r. near, 5 in.; distant, 18 in.; l. near, 7 in.; distant, 21 in. — Ex.]

[Diamond type, r. near, 5 in.; distant, 18 in.; l. near, 7 in.; distant 15 in. — Ex.]

Pupils fully dilated[2]. [Diamond type, r. near, 7 in.; distant 22 in.; l. near, 8 in.; distant 20 in. — Ex.]

E. Sharp pains back of eyeballs, < motion.

Unable to read small type.

[Diamond type, r. near, 10 in.; distant 16 in.; l. near, 6 in.; distant 21 in. Orthophoria in accommodation. — Ex.]

Summary. [Near point removed, O. D. 5 in. to 10 in. (from 3½ in.) O. S. 6 in. to 8 in. (from 3½ in.) Distant point shortened. O. D. 22 in. to 16 in. (from 23 in.) O. S. 21 in. to 15 in. (from 23 in.) (Four exams.) — Ex.]

3. Ears

No hereditary predisposition to, and no previous, aural diseases noted. Upon preliminary examination some catarrh of Eustachian tube and naso-pharynx; mucus at mouth of Eustachian tube r. and l.; Mt. r. somewhat retracted and dull; Mt. l. injected along malleus and along Schrapnell's membrane, also somewhat retracted; highest and lowest tones heard well.

A. Headache in frontal region, extending to back of ears[2].

Sharp darting pain back of ears.

Head and ears both feel congested.

Summary of records. [No pronounced changes of any sort as the result of the proving, except a decided diminution in the hearing power by bone conduction upon both sides; the tone limits were unchanged; at the final examination no mucus was found at mouths of Eustachian tubes. — Ex.]

4. Nose and Throat

No previous disease or predisposition to disease of nose and throat. Subject to acute catarrhal colds in winter; posterior hypertrophy of inferior turbinated body. Sub-acute catarrhal pharyngitis, laryngitis and trachitis with excess of thick, yellow secretion; faucial tonsils barely visible, with no evidence of previous inflammation; adduction and abduction perfect; no huskiness of voice; has loose morning cough.

A. Tickling in pharynx. Tickling in throat. Tickling in throat, causing cough.

Upper part of pharynx painfully dry, < empty swallowing.

Dryness of throat[4]. Dryness of pharynx[13]. Throat a little dry.

Throat so dry that food sticks. Dryness of throat not > drinking.

Upper and back part of pharynx dry. Pharynx dry < empty swallowing. Pharynx dry < 10 p. m.
Irritation of throat.
Smarting in nose, < r. Tingling in r. nasal orifice.
Soreness of tonsils [3].
Throat a little sore > eating. Throat sore [2]. Upper and back part of pharynx sore. Soreness of throat < p. m. Pharynx sore < empty swallowing.
[Uvula relaxed ; mucous follicles prominent on posterior walls of pharynx ; slight hoarseness, < night, and vocal bands appear relaxed ; weakness of adductors, otherwise unchanged. — Ex.]

B. R. pillar of fauces sore [3]. Hoarseness.

C. Base of tongue sore [3]. Base of tongue parched [3].
Lump in throat.
Saliva frothy [3].
Tickling in upper trachea causing cough.
[Localized patches of congestion on soft pharynx and in throat. — Ex.]
Nose stuffed and sensitive to cold air.
Mouth dry [2]. Mouth dry, but no thirst.
Tickling in trachea just above sternum.

D. [Dryness of tongue ; secretion less profuse and more tenacious ; appearance not generally changed. — Ex.]
[Dryness of pharynx increased, condition otherwise unchanged. — Ex.]
Saliva dry ; nasal cavities dry and sore.

E. Blood in mucus from nose.
[Dryness of pharynx ; secretion adherent to posterior wall ; no other change in appearance. — Ex.]
Soreness of under side of tongue on l.
[No material change in appearance. — Ex.]
[During proving, acuteness of smell blunted. — Phys. Ex.]

5. Respiratory System

No hereditary predisposition to, or previous, disease of the respiratory system : has slight recent cough ; respiratory sounds normal.

A. Tickling in upper trachea, just above sternum, causing cough [3].

C. Sharp, intermittent pain in r. chest wall, between third and fourth ribs.

E. Sharp, transient pains in chest walls, r. and l. of sternum, between third and fourth ribs.
Sharp pains, back and front, through l. chest.
Sharp, darting pain in l. chest wall under and below scapula.

[No change in action or condition of lungs. Prover began with slight bronchitis, which continued to the conclusion of proving practically unchanged. — Ex.]

6. Circulatory System

No hereditary predisposition to, or previous, disease of the heart. Apex beat rather forceful; action regular in every way; all heart sounds normal and entire absence of murmur; pulse rate 76, regular, of good strength and normal tension; radial arteries straight and soft.

A. 17th day of proving, sharp pain at apex of heart.
E. Summary of routine examinations: [The strength of heart progressively decreased and its action progressively and correspondingly increased during continuance of the proving. A functional murmur, systolic in time, appeared at apex, probably due to dilation; transient pains in the precordial region occurred about the middle of the proving period; the frequency of pulse was increased, its strength decreased, its tension decreased, and its regularity unaffected during the proving. No other changes than those noted were observed, either objectively or subjectively by examiner or prover. — Ex.]

7. Alimentary System

Occasionally subject to abdominal flatulence.

A. Upper and back part of pharynx painfully dry [13] and sore, < empty swallowing [2], > eating, without thirst [3].
Tongue red at tip and along edges, coated white on back and along middle.
Slight nausea [2].
Heavy pain in abdomen; later, severe cramps in abdomen, lasting 10 to 15 m., < upright position and walking, > sitting doubled up.
Burning pain in l. hypochondrium and edge of ninth rib.
B. Appetite diminished [2]; especial aversion to eggs.
Sticking pains and heavy burning pains in hypochondria, < l.
Saliva frothy [5]; without thirst.
Throat so dry that food sticks, not > by drinking.
C. Base of tongue parched and sore.
Sensation as of lump in throat [2], as before vomiting.
Mouth dry [3] but no thirst.
After dinner, aching in pit of stomach.
D. Early morning diarrhea without pain.
No appetite [2]; aversion for anything which needs chewing.

Transient pain in l. inguinal region.
Weight in epigastrium [2].
Some tasteless eructations.
Colicky, cramping, sore, aching pains at umbilicus [3], and across abdomen, below umbilicus [4] in lumbar region, < l. and in r. inguinal region.
Abdominal symptoms < walking and motion, > urinating, passing flatus, and remaining quiet.
Base of tongue sore, < l.
10:45 p. m. profuse diarrheic stool.

E. Stomach heavy with a disturbed sensation; empty and gone sensation in stomach.
Three movements, balls and soft matter, before 1 p. m., preceded by pain, which was immediately relieved by stool.
4 p. m. sharp pain in l. inguinal region.
Sharp pain in l. hypochondrium.
Aversion to meat.
Urgent stool, normal, but followed by straining.
Soreness of underside of tongue on l.
[During proving, taste for "sweet" unchanged, for "sour," more acute. — Phys. Ex.]

8. Genito-Urinary System

Genito-urinary tract found on preliminary examination to be healthy and normal in every particular.

A. Desire to urinate a few moments after taking drug [3], with slight amount each time [2].
Difficulty in starting urine [5].
Heaviness in pelvis.
Urine increased in quantity.

B. Tickling in urethra just after passing urine [2].
Penis small and relaxed [3], [pretty constant symptom during proving. — D.]
Urine slow in starting and only after straining [2].

E. Urine under poor control, micturition followed by some dribbling [2].
Urine starts, flows and stops slowly, and sometimes dribbles.
Aching in region of kidneys.

9. Urine

Summary of Analyses

Specific gravity diminished in early part of proving; odor unchanged; color progressively darkened; quantity increased nearly 50 per cent. during greater part of proving.
Total solids increased by nearly 50 per cent.

Phosphates markedly increased; earthy slightly increased; alkaline more than doubled; sulphates markedly increased (2.2 to 7.3 gms.); chlorides increased about 50 per cent. Urea increased; uric acid diminished about 50 per cent.

No indican, albumin, or sugar; very faint trace of bilirubin by nitrous acid test, only.

Ratio total solids to salts practically unchanged. Ratio urea to phosphates lessened. Ratio urea to uric acid markedly increased (20.7 to 1 to 62.2 to 1).

Sediments

Crystals, none on preliminary examinations; May 18, triple phosphates many; May 22, uric acid many; oxalate of lime few. No casts throughout. Epithelium, several squamous in one preliminary examination: May 18, stratified squamous; May 22, small squamous; other examinations none.

10. Blood

Summary of Examinations

Rapidity of flow from puncture increased and coagulation retarded during proving. Number of red discs per cu. mm. first increased and then diminished over one-third. Ratio of reds to leucocytes nearly doubled at first, returning to original ratio practically. Number of leucocytes markedly diminished. Large mononuclear diminished; lymphocytes markedly increased; neutrophil cells slightly decreased.

11. Bones and Muscular System

Slight touch of inflammatory rheumatism in ankle about 4 yrs. ago; present condition excellent.

A. Intermittent pain in r. lumbar region.
Aching in malar bone.
Stumbling and falling to the l.
Cramp-like pain in r. and l. lumbar regions, < upright position and walking, > sitting doubled up.
Clumsiness and feeling of uncertainty in walking and in sitting down.

D. Cannot tell whether standing straight or not.
Sore pain at attachment of deltoid on humerus.
Tired and weak all over[2], with no inclination to move.
Spasmodic pain in l. lumbar region.
Sharp, intermittent pain in r. chest wall, between third and fourth ribs.

Sharp and quite steady pain in r. lumbar region near spine.
Feels exhausted[2].

E. Weakness back of knees.
Sharp, transient pains about ankles, metacarpal bones, in arm near insertion of deltoid, and in chest wall, r. and l. of sternum between third and fourth ribs.
Stiffness in back and extremities; muscles feel sore[2] and stiff.
Muscles of jaw weak and sore.
Aching in back and muscles of extremities.
Aching in sacral region.
Tired sensation and sore pains in l. shoulder, coming suddenly, disappearing gradually.
Sharp, darting pain in l. chest wall, under and below scapula.

12. Skin

A. Sty on r. upper lid.
[7th day of medication: pimples on forehead, face and scalp, which felt sore, without itching (persisting for 10 days)].

C. Increased perspiration on head.
Abnormally sensitive to draughts[2] and cold air.
Itching of skin on neck.

E. Cold-sore on upper lip.

13. Tissue Changes

Sty on r. upper lid.
Cold-sore on upper lip.

14. General Systemic Condition

Sleep restless, waking toward morning.
Troubled sleep in p. m.
General irritability[3].
Dull, stupid, sleepy[5] feeling, with disposition to remain quiet.
Tired[4] and weak all over[2], with no inclination to move.
Feels exhausted[2].
Abnormally sensitive to draughts[2] and cold air.

N. B. Regional Conditions, Sensations and Modalities relating to this and to all provings following will be found, in combination with those preceding, in Sections 15, 16, and 17 of the General Schema in Chapter IV.

V. Mr. G. H. T. of New York: medical student; age 20; American parentage; single; skin light; eyes light; hair light; hereditary predisposition to rheumatic affections, but has had no rheumatism himself; subject to catarrhal affections and to headache due to eye strain, but to no other disturbances; present state of health good, except an acute cold; uses tobacco freely, beer occasionally, coffee once a day, tea very seldom; makes no change in their use during proving.

May 19, 1902. Began medication, taking 1 d. ϕ every 2 hrs. When commencing to take drug had sore throat, with sharp pain on swallowing; this disappeared entirely by night. Evening, slight excoriation of anus with painless diarrhea.

May 20. Anal excoriation continues, with diarrhea; urine passed more frequently and sensation as if bladder was full but must strain to void it.

May 21. 1 d. ϕ every 2 hrs. continued. Stool again normal; frequent passages of large quantities of pale urine, accompanied by sense of constriction in urethra which necessitates straining; after micturition burning pain in urethra extending back into bladder; peculiar sensation of emptiness in stomach about 1 hr. after eating lunch and also 1 hr. after dinner.

May 22. No drug taken to-day. Empty sensation in stomach after each meal continues — a sensation as though stomach were filled with air; afternoon, sharp, sticking pain in region of r. nipple; at night sore throat came on again, with dryness and scraping.

May 23. 1 d. ϕ every 2 hrs. Sore throat continues with sensation of fulness in r. and l. ear alternately; dryness and scraping in back part of pharynx.

May 24. 2 d. ϕ every hr. Throat dry and parched, < smoking; morning, free border of ribs sore to touch for 2 or 3 in. on each side of median line, disappearing toward night; 3 p. m. dull, aching pain in r. lumbar region; pharyngeal mucous membrane intensely dry, < toward night, causing great thirst and difficult swallowing.

May 25. 2 d. ϕ every hr. Awoke with dry sore throat; feels tired and worn out; abnormally sleepy.

May 26. 2 d. ϕ every hr. Throat still dry; dull frontal headache; fulness in ears; three soft stools after noon, fetid odor, followed by slight anal excoriation; unusual sleepiness all day.

May 27. 2 d. ϕ every hr. Fulness and ringing in ears; throat very dry and sore; 2 p. m. dull, aching pain in lumbar region; soreness and tenderness in r. groin; tired and sleepy all day.

May 28. 3 d. ϕ every hr. Fulness and ringing continues in ears, < r.; slight aching in r. ear; 10 a. m. burning in urethra from base to glans 1 hr. after urinating and 15 m. after taking drug, lasting 2 hrs.; 2 p. m. severe pain in r. groin, lasting 1 hr.; 4 p. m. increased dose to 4 d. ϕ every hr.; 5 p. m. mouth and throat very dry, with scraped feeling, very little saliva and mucus tenacious; after dinner (7:30 p. m.) sharp, burning pains

in chest with each breath, < breathing deeply; violent paroxysm of coughing, excited by dryness of throat, raising nothing; chills running up and down spine all day; 8:30 p. m. went to bed with aching in l. lumbar region, and r. groin still sensitive to touch; ears still full and aching slightly, < r.; tired, apathetic, stupid feeling all day, with no desire to do anything which required exertion; desire to lie down with plenty of covering, although night was warm wanted considerable covering.

May 29. 5 d. ϕ every hr. On awakening throat dry and parched, with difficulty in swallowing; sensation of ball or hard substance, in back of throat, not > swallowing; at breakfast sensation of knife-blade in throat < r. side; pain extending from throat to r. ear; r. groin still sensitive to touch; slightly painful, burning sensation in both sides of chest on inspiration; all the morning intense desire to urinate, bladder seemed full but must strain; 12 m. throat not so dry as before, but scrapy in back of pharynx; empty feeling in stomach 1 hr. after lunch; full feeling still present in both ears < r.; 3 p. m. mouth and pharynx again intensely dry and irritated; lips, dry, sore, and cracked as if chapped, and sting on touching them with tongue; fulness in ears still present; 8 p. m. pain in r. groin on pressure; burning and smarting in both eyes from 3 p. m. until night; nose stuffy, with difficult breathing; dull headache with feeling as if head were too heavy for neck; dull headache at night; tired and sleepy all day.

May 30. 5 d. ϕ every hr. Awakened by coughing spell with considerable loose, white mucus; throat dry again in forenoon; lips dry and feel as if chapped; pain in r. lumbar region; head full; nose stopped; very tired and sleepy; 12 m. backache continues; frontal and temporal headache with flushed face; 2 p. m. smarting and burning in eyes; ringing in l. ear; 6 p. m. aching in r. ear; headache increased; dose increased to 10 d. ϕ every hr. to 9 p. m.; 8 p. m. headache, < smoking, increased up to 7 p. m., a sharp, splitting pain extending from r. supra-orbital region to occiput, < moving; aching in lumbar region continues; pain in calves on going upstairs; 9 p. m. twisting, tearing pain in l. parietal region; eyes ache and smart; throat scrapy.

May 31. 10 d. ϕ every hr. Pains in lumbar region; dull, aching pains under l. scapula; head stuffed; voice seems to echo in ears; eyes smart and slightly blurred, not so clear as usual for reading; feels tired and good for nothing; 3 p. m. mouth and throat dry, thirst for large draughts at intervals; lips dry, cracked, and stinging; 5 p. m. urging to stool which needed straining, stool hard and dry; dull aching in anus, < sitting; 9 p. m. head feels too heavy for neck; bad taste in mouth; saliva sticky and viscid, hindering deglutition; dull headache in l. parietal and in both supra-orbital regions; aching over entire back; dull aching in anus and sacrum, < sitting; colicky pain in hypogastric and inguinal regions; eyes ache and smart; chills toward bedtime.

June 1. 10 d. ϕ every hr. On awaking eyelids stuck together; conjunctiva injected; backache continuing all day; dull, full feeling in l. ear and parietal region; chills up and down back

from 3 p. m. until night, followed by a flushed feeling at bedtime; feeling as if he would like to lie well covered; lips still dry and smarting, dry, scrapy feeling in throat; thirsty all day.

June 2. Aching pain all over back, < standing; throat dry and parched; great thirst; lips dry and cracked; stuffy feeling in l. ear and l. parietal region, with slight headache; 5 p. m. frontal headache coming on in waves, < in the house.

June 3. Took 40 d. 1 x. on retiring last night and 50 d. 1 x. on rising this morning. 10 a. m. slight headache; throat parched and irritable; great thirst; vision blurred; cannot read at short distance; no dilation of pupils noticed; severe supra-orbital headache; 3 p. m. backache increased, < lumbar region; 5 p. m. aching all over head and sensation as if top were lifting up, gradually disappearing after supper (6 p. m.) on going into open air; 8 p. m. vision still blurred; intense headache again with splitting pain as if whole top of head were coming off; < motion, lasting about an hr., > by cold, outside air and gradually disappearing at bedtime; backache very severe.

June 4 and 5. Out of town and took no drug. Only symptom a slight backache.

June 6. Placebo 10 d. every 2 hrs. No symptoms except slight dryness of throat directly after each dose.

June 9. Has continued placebo with no symptoms except the above.

1. Mind and Nervous System

No hereditary predisposition or especial tendency to mental disturbance or nervous affections. Disposition even, unimaginative, and reserved; cheerful, with easily excited emotions, but under good control; present health good, but perhaps somewhat neurasthenic from use of tobacco; no vertigo; good sleeper; pulse not accelerated by examination. Babinski reflex present, more r. than l.; knee jerk fair, somewhat exaggerated.

A. 4th day of medication, [knee jerk exaggerated; Babinski still present as before; pulse easily excitable. — Ex.]
Feels tired[7] and worn out; abnormally sleepy[6].

B. Dull, frontal headache.
Apathetic, "dopey," stupid feeling all day, with no desire to do anything which required exertion.
[No dizziness; no abnormality of muscular clonus; Babinski very doubtful l., pronounced r. but less than at first; knee jerk exaggerated. — Ex.]

C. Dull headache with feeling as though head were too heavy for neck[2]; dull headache at night; head full; frontal and temporal headache with flushed face; headache, < from smoking, increased up to 7 p. m.; 8 p. m. sharp, splitting pain, extending from r. supra-orbital region, < moving; 9 p. m. twisting, tearing pain in l. parietal region.

D. Feels "good-for-nothing."

Dull headache in l. parietal [2] and both supra-orbital regions [2].
Full feeling in l. parietal region [2].

E. 5 p. m. frontal headache coming on in waves, < in house.
5 p. m. headache all over, and sensation as if top were lifting up, gradually disappearing after supper (6 p. m.) on going into open air, but returning at 8 p. m. with intense splitting pain as if whole top of head were coming off, < by motion, lasting about an hour, > by cold outside air, and disappeared gradually at bedtime.

2. Eyes

No hereditary predisposition to, or previous disease of eyes. Conjunctiva somewhat congested; fundus normal; glasses are worn which correct defects; no headache or other reflexes which are referable to eye strain.

A. 4th day of medication, [retinal veins tortuous and full. — Ex.]

C. Burning [2] and smarting [3] in both eyes from 3 p. m. until night.
Eyes ache, [conjunctival congestion, and retinal veins full and tortuous. — Ex.]

D. Vision slightly blurred, not so clear as usual for reading.
On waking eyelids stuck together; conjunctiva injected.

E. Vision blurred, cannot read at short distance.
No dilation of pupils noticed.
18th day of proving, [O. S. retinal veins still very full and tortuous. — Ex.]

3. Ears

No predisposition to, or previous, aural disease. On preliminary examination congestion in r. ear, along malleus and Schrapnell's membrane; Eustachian tubes, r. and l., normal.

A. 5th day of medication. Sore throat with sensation of fulness [3] in r. and l. ear alternately. [Says he had slight aching in ears, alternating from l. to r. on beginning proving; this disappeared after he began to take medicine (first day); yesterday forgot medicine and at night felt sore throat and dull pain in r. ear. Has a marked congestion in Schrapnell's membrane and along handle of malleus on r. side. — Ex.]

B. Ringing in ears, < r [3].
Slight aching [2] in ears, < r.
Ears feel as if distended, < r.
[Hearing for mechanical sounds diminished $\frac{4}{10}$ r., and $\frac{7}{10}$ l.; hearing for vocal sounds apparently unchanged; sound per-

ception by bone conduction markedly increased on r., but not altered l. No change in appearance of Mtt. unless it be that the injection along malleus, r., is not quite so marked. — Ex.]

C. Pain extending from throat to r. ear.
Voice seems to echo in ears.
Dull stuffy feeling in l. ear and l. parietal region [2], with slight headache.

E. [Final examination; r. tympanic membrane normal; l. tympanic membrane slightly injected along malleus; Eustachian tubes, r. normal, l. mucus at mouth. Hearing distance for watch, r. increased $\frac{2}{10}$ since beginning proving; l. decreased $\frac{7}{10}$ since beginning proving. Hearing distance for voice unchanged r., diminished $\frac{1}{10}$ l. Sound perception by bone conduction, increased $\frac{2}{5}$ r. and $\frac{3}{5}$ l. above normal standard. Functions otherwise unchanged. — Ex.]

4. Nose and Throat

No hereditary predisposition to disease of nose or throat, but subject to attacks of quinsy. On preliminary examination r. inferior turbinate swollen; r. side of throat sore.

A. [When commencing to take drug had sore throat with sharp pain on swallowing, remains of a cold. This disappeared entirely by night. — D.]
[Less inflammation of pharynx than was observed before medication began; soreness and pain relieved. — Ex.]

B. Sore throat [4] with dryness [14] and scraping [6] in back part of pharynx, with sensation of fulness in r. and l. ear alternately.
Throat parched [4], < smoking.
Pharyngeal mucous membrane intensely dry [2], < towards night, causing great thirst [4] and difficult swallowing [2].

C. [Secretion more profuse and less tenacious; appearance like later stages of catarrhal inflammation. — Ex.]

D. Very little saliva and mucus tenacious.
Violent paroxysm of coughing, excited by dryness of throat, raising nothing.
Sensation of ball or hard substance in back of throat, not relieved by swallowing.
At breakfast sensation of knife-blade in throat on r. side.
Pain extending from throat to r. ear.
Mouth dry [2] and irritated.
Lips dry [4], sore, cracked [4] and stinging when touched with tongue.
Nose stuffy [2] with difficult breathing.
[Dryness of pharynx with prominent granulations on posterior wall. — Ex.]

E. Head stuffed ; voice seems to echo in ears.
Thirst for large draughts of water at frequent intervals.
Saliva dry and sticky, hindering deglutition.
Sensation of foreign body on swallowing.
Stuffy feeling in l. ear.
Throat irritable.
[General congestion of mucous membrane of nose and pharynx, most marked in upper nasal passages on l. side. — Ex.]
[Acuteness of smell slightly increased. — Phys. Ex.]

5. Respiratory System

A. 10th day of medication; after dinner (7:30 p. m.) sharp, burning pains in chest with each breath, < breathing deeply.
Violent paroxysm of coughing excited by dryness of throat, raising nothing.
B. Slight, painful, burning sensation on both sides of chest on inspiration.
Nose stuffy, with difficult breathing.
C. Awakened by coughing spell, with considerable loose mucus.
Nose stopped.

7. Alimentary System

A. Slight excoriation of anus [2] with painless diarrhea [2].
Peculiar sensation of emptiness in stomach as though it were filled with air, occurring about 1 hr. after eating each meal [3].
B. Pharyngeal mucous membrane intensely dry [2], < towards night, causing great thirst [4] and difficult swallowing [2].
C. Three soft stools after noon, of fetid odor, followed by slight anal excoriation.
Mouth and throat very dry [14], with scraped feeling [6] in back part of pharynx.
Throat parched [4], < smoking.
D. Very little saliva and mucus tenacious.
Sensation of ball, or hard substance, in back of throat, not > swallowing.
At breakfast sensation of knife-blade in throat on r. side.
Mouth dry [2] and irritated.
Lips dry [4], sore, cracked [4], as if chapped, and stinging when touched with tongue.
E. Thirst for large draughts of water at frequent intervals.
Hard, dry stool, with urging and straining, followed by dull aching in anus, < sitting.
Saliva dry and sticky, hindering deglutition.
Sensation of foreign body on swallowing.
Bad taste in mouth.
Colicky pain in epigastric and inguinal regions.

[Acuteness of perception for "sweet" and "sour" slightly increased. — Phys. Ex.]

8. Genito-Urinary System

No hereditary predisposition to, or previous, disease of this tract. Palpation of kidney and bladder regions normal; inguinal glands normal; prostate normal.

A. Urine passed more frequently, and sensation as if bladder was full but must strain to void it.

Frequent passages of large quantities of pale urine accompanied by sensation of constriction in urethra, which necessitates straining.

After micturition burning sensation in urethra extending back into bladder.

B. [Increased frequency in calls to micturate with burning after the act, for about an hr., in prostatic and bladder regions. — Ex.]

D. Soreness and tenderness in r. groin.

Burning in urethra from base to glans 1 hr. after urinating and 15 m. after taking drug, lasting 2 hrs.

2 p. m. severe pain in r. groin, lasting 1 hr., with sensitiveness to touch, lasting through following day.

E. All the morning intense desire to urinate, bladder seemed full but must strain.

Pain in r. groin on pressure.

9. Urine

Summary of Analyses

Specific gravity increased; odor unchanged; color progressively deepened during proving; quantity markedly diminished toward end of proving; solids increased about 50 per cent.; phosphates increased only slightly, especially alkaline; sulphates increased; chlorides increased, markedly early in proving and still somewhat increased at end; urea increased only slightly, but uric acid nearly threefold; a faint trace of albumin increased somewhat throughout proving; no indican or sugar found at any time.

Total ratio of solids to salts increased; of urea to phosphates first increased then slightly diminished; of urea to uric acid very markedly diminished.

Sediments

A few crystals of uric acid early in proving, none later; no casts; toward end of proving a few large squamous epithelial cells.

10. Blood

SUMMARY OF EXAMINATIONS

Percent. of hemoglobin diminished during proving. Number of red discs per cu. mm. diminished markedly early in proving and remained somewhat diminished at end. Ratio of reds to leucocytes diminished very markedly early in proving and increased only slightly later, remaining much smaller than before the proving. Leucocytes increased markedly, especially in early part of proving when the number was more than doubled per cu. mm. Lymphocytes diminished from 55 per cent. to 10 per cent. Neutrophil cells increased from 31 per cent. to 87 per cent. Mast cells 3 per cent. toward close of proving, but none previously.

11. Bones and Muscular Sytem

A. Sharp sticking in region of r. nipple.
Free border of ribs sore to touch for 2 or 3 in. on each side of median line, disappearing towards night.
Dull, aching pain in lumbar region [6], after noon [5], < r.[2], < l.
B. Feels tired all day [5], worn out, and good-for-nothing.
C. No desire to do anything which requires exertion.
D. Pain in calves in going upstairs.
Dull, aching pains under l. scapula.
Aching over entire back [5], < standing.
Dull aching in sacrum, < sitting.

14. General Systemic Conditions

Lost 3 lbs. in weight during proving.
Abnormally sleepy all day [4].
Feels tired all day [5], worn out and good-for-nothing.
No desire to do anything which requires exertion.
Chills running up and down spine all day.
Desire to lie down with plenty of covering [3], although night was warm.
Chills toward bedtime.
Chills up and down back from 3 p. m. until night, followed by flushed feeling at bedtime.

VI. Mr. M. W. McD. of New York: medical student; age 20; American parentage; single; height, 5 ft. 11 in.; weight, 170 lbs.; skin fair; eyes light; hair light brown; no hereditary predisposition to disease. Subject at times to vertigo when rising suddenly. A few pimples on chin; subject to no other disturbances, and present state of health good; smokes moderately; drinks beer about once a week, and tea

and coffee habitually; during proving tobacco and all stimulants were discontinued.

May 13, 1902. Placebo every 2 hrs.; no symptoms.

May 14. 1 d. ϕ every 2 hrs. 6 p. m. noticed more gas than usual in abdomen; said he "belched" wind immediately after each dose.

May 15. Slight frontal headache on rising; sleep disturbed last night by amorous dreams with seminal emission; pain under r. scapula at intervals early in morning, disappearing toward noon; considerable flatus, with offensive odor; throat commenced to be sore about 4 p. m., and at 9 p. m. was very sore on swallowing, < by outside pressure, < r. side, gland slightly swollen under angle of jaw.

May 16. 5 d. ϕ every 2 hrs. Another seminal emission last night; throat a little sore, increasing during the day; slight, right-sided, supra-orbital headache; large, constipated stool, yellowish-brown in color; in evening "heartburn"; 10 p. m. throat very painfully sore and feeling like a "narrow, sore ring."

May 17. 5 d. ϕ every 2 hrs. Slight sore throat and frontal headache increasing during day; 8 a. m. passed stool, not constipated; some "heartburn" during day; 11 p. m. large, watery, and very fetid stool.

May 18. 5 d. ϕ every 2 hrs. Last night another emission; headache coming and disappearing quickly; pain in r. shoulder; nausea after dinner.

May 19. 5 d. ϕ every 2 hrs. Stiff neck on rising; pains run up and down, soon disappeared. About noon peculiar pain around stomach, following loose stool, after straining, with much fetid flatus, followed by slight headache; 4 p. m. weak sensation all over similar to that once felt when tonsilitis was developing; pains down back of thighs; 9 p. m. pains gone; throat very sore, < r. side.

May 20. 6 d. ϕ every 2 hrs. Upon waking sore throat; stiff neck; pain under border of last r. rib for a short time; noon, slight headache and weak feeling in legs; passed ordinary stool; 5 p. m. still weak in legs; stopped drug 7 p. m.; went to bed with general sick feeling over entire body.

May 21. Good night's sleep; throat somewhat sore; 8 a. m. very loose stool; 4:30 p. m. frontal headache all day, < r. side.

May 22. 6 d. ϕ every 2 hrs. Slight pain in back of legs on rising, which disappeared about 10 a. m; in evening after taking drug, tried to study, but could not collect thoughts.

May 23. 6 d. ϕ every 2 hrs. 4 p. m. slight headache in r. supra-orbital region; 5 p. m. stool nearly formed.

May 24. 6 d. ϕ every 2 hrs. Itching on skin and fingers, appears as if poisoned by ivy; stomach feels distended; 10.30 a. m. ordinary stool; burning in urethra while urinating and short time afterward; dined at noon and slept till 6.30 p. m.; feels tired and sleepy.

May 25. 10 d. ϕ every 2 hrs. Itching continues on face and hands; burning in urethra while urinating; very drowsy; 4 p. m. right-sided headache. [Perception for sweet lessened. — Phys. Ex.]

May 26. 10 d. ϕ every 2 hrs. Itching on chin and hands continues; 10 a. m. slight pain in back and legs; 9 p. m. extremely tired and sleepy all day; itching all over, as if from wearing new flannels; 11 p. m. on retiring discovered rash on stomach and back, which itched and burned.

May 27. 10 d. ϕ every 2 hrs. No rash this morning, but the itching remains, particularly on face and hands; during day very tired and indolent; fetid diarrhea, like yellowish curds; 10 p. m. rash again found upon retiring.

May 28. 10 d. ϕ every 2 hrs. Pain across back in morning, which disappeared by noon; very drowsy at 12 m.; 4 p. m. pains in back of legs.

May 29. Same dosage. Large, constipated, brown stool in morning; slight pain in abdomen relieved by stool; feels very tired; slept a great deal during day, but does not feel rested.

May 30. Same dosage. Lazy and tired all day.

May 31. Same dosage. Stiff neck on awaking. Sore pain across shoulder blades; feels very tired; 2 p. m. constipated stool leaving anus sore.

June 1. Same dosage. 10 a. m. became drowsy and slept till noon; headache all the afternoon, < in r. frontal region; 9 p. m. stomach feels distended and sore; 10 p. m. sick feeling all over; vertigo and tendency to fall when closing eyes; pains in stomach; face pallid and people remarked upon his sick appearance; nauseated and had to go to bed, but was long in falling asleep.

June 2. Single dose of 60 d. ϕ. Frontal headache, < r. side; face flushed and pupils dilated; mouth and throat very dry; very tired feeling all day; 10 p. m. loose, watery stool; burning in anus and burning in urethra.

June 3. 60 d. ϕ at 2 p. m. 10 a. m. burning in urethra before and during urination; after dose in p. m. pupils dilated widely and face flushed; 9 p. m. very tired and weak in legs. [Perception for sweet lessened. — Phys. Ex.]

June 4. 5 d. 3 x. every 2 hrs. No symptoms noted until 4 p. m., after which slight nausea for 2 hrs.; much burning in urethra before and after urination; 10 p. m. frontal headache on retiring.

June 5. 5 d. 3 x. every 2 hrs. Headache continued upon waking; pains in back, especially r. scapula; seminal emission during night; burning in urethra on urinating; 9 a. m. pain in back of legs < on moving; 4 p. m. eyes feel as if full of sand; very sleepy; headache continued until bedtime. This p. m. ringing in r. ear for a few seconds while sitting and reading.

June 6. 5 d. 3 x. every 2 hrs. Dull and tired feeling on waking; very bad taste in mouth; eyes feel as if half closed; after breakfast a ringing sound in r. ear. [Weight: lost 4 lbs. during proving. — Phys. Ex.]

1. Mind and Nervous System

No hereditary predisposition, or especial tendency, to mental disturbance or nervous affections; natural disposition even and

unimaginative; emotions under good control; occasional vertigo when rising suddenly; sleep very good; used no tobacco or stimulants during proving.

A. Slight frontal headache on rising; slight, right-sided, supra-orbital headache [2]; frontal headache increased during day; headache coming and disappearing quickly; slight headache after straining at stool.

Sleep disturbed last night by amorous dreams and seminal emissions; 4 p. m. weak sensation all over, similar to that once felt when tonsilitis was developing.

B. Weak feeling in legs [2] from noon through p. m.; 7 p. m., went to bed with general sick feeling over entire body [2].

Frontal headache, < r. side [4].

In evening, after taking drug, tried to study, but could not collect thoughts.

Dined at noon, and slept until 6:30 p. m.; felt tired [7] and sleepy [5].

C. During day very indolent.

Slept a great deal during day, but does not feel rested.

D. 10 a. m. became drowsy and slept until noon.

Vertigo and tendency to fall when closing eyes.

Face pallid, and people remarked upon his sick appearance.

Nauseated, and had to go to bed, but was long in falling asleep.

Face flushed [2] and pupils dilated [2].

E. Frontal headache on retiring, continuing on waking, and lasting until bedtime.

Dull and tired feeling on waking.

2. Eyes

Eyes normal in almost every particular; no subjective symptoms or idiosyncrasies; glasses are not worn; no headache or other reflexes referable to eye strain.

A. No eye symptoms noted until 21st day of proving, when, after a dose of 60 d. ϕ, the pupils dilated [2], with flushed face [2].

D. Eyes feel as if full of sand.

E. Eyes feel as if half closed.

3. Ears

No predisposition to aural disease; no previous aural disease except a slight Ot. Med. Cat. Chr. on l. side only, which was noted at beginning of the proving.

A. After 10th day of proving, hearing for mechanical sounds became lessened r.[2] and l.[2]

B. Hearing by bone conduction markedly lessened on l., but

not affected on r., continuing thus for 9 days. (See Ex. note below.)

C. Hearing for mechanical sounds remains lessened on l., after 4 days, but wholly recovered on r.

E. Hearing for mechanical sounds recovered on both sides after 5 days more.

Ringing in r. ear for a few seconds while sitting and reading in p. m., followed by ringing in r. ear after breakfast on following morning.

[Routine examinations were made in this case, but revealed no alteration in the limit of perception for either high or low tones. As the hearing by bone conduction was abnormally acute for the first 10 days of the proving on the l. side, the lessened perception during the subsequent period of the proving might, perhaps, be regarded as the correction of an abnormality rather than a more positive effect; the change, however, was very marked. — Ex.]

4. Nose and Throat

No hereditary predisposition to disease of nose or throat. Has had diphtheria; subject to tonsilitis; moderate degree of chronic catarrhal inflammation of the pharyngeal vault; post-nasal secretion viscid, tenacious, not profuse.

A. Sore throat [5], < on swallowing, < by outside pressure, < r. side [2], < after 4 p. m.

Throat feels like "a narrow, sore ring."

Glands slightly swollen under angle of jaw.

B. 4 p. m. weak sensation all over, similar to that once felt when tonsilitis was developing.

Upon waking, sore throat; neck stiff.

[Inter-arytenoid swelling; condition of nose unchanged; mucous membrane of posterior wall of pharynx thickened and somewhat reddened. — Ex.]

C. [Condition previous to proving regained. — Ex.]

E. After single dose of 60 d. ϕ, mouth and throat very dry. [Complains of dryness of mouth and pharynx, but appearance unchanged. — Ex.]

[2 days later, increased congestion in larynx and trachea. — Ex.]

[2 days later, previous condition regained. — Ex.]

6. Circulatory System

No hereditary predisposition to, or previous, disease of the heart.

E. [Heart's action and pulse slightly decreased in strength. Transient precordial pain noted twice for short intervals during proving. — Ex.]

7. Alimentary System

A. More gas than usual in abdomen; said he "belched wind" immediately after each dose.
Considerable flatus, with offensive odor[2].
Large constipated stool, yellowish-brown in color.
1 p. m. large, watery, and very fetid stool.
"Heartburn"[2].
B. Nausea[3], in p. m.[2] after dinner.
About noon peculiar pain around stomach, following loose stool with straining.
Loose stool[3].
C. Stomach feels distended[2].
D. Fetid diarrhea like yellow curds.
Large, constipated, brown stool in morning.
Slight pain in abdomen relieved by stool.
2 p. m. constipated stool, leaving anus sore.
E. Pains in stomach, with soreness and distension.
Mouth and throat very dry.
Burning in anus.
Very bad taste in mouth.
During last half of proving [perception for sweet lessened.[2] — Phys. Ex.]

8. Genito-Urinary System

No hereditary predisposition to, or previous, disease of genito-urinary tract. Palpation of kidneys and bladder region normal; prostate a little swollen and soft, but no symptomatic manifestation of any trouble; seminal vesicles normal; seminal emissions once a week; spermatic cord, r. side, normal, l. varicocele, no pain; testicles normal except varicocele on l. side; inguinal glands normal.

A. Sleep disturbed at night by amorous dreams with seminal emission[4].
C. Burning in urethra[6] before urinating[2], while urinating[4], and a short time afterwards[2].
E. [Palpation of kidneys and bladder region still normal; some burning the whole length of urethra when urinating, accompanied by pain extending up r. groin, the burning continuing for a few minutes after micturating. No changes in condition of prostate, scrotum, spermatic cords, testicles, or inguinal glands. Since the second week has had nocturnal emissions three times per week, followed by pain in back and weakness in muscles in back of legs. — Ex.]

9. Urine

SUMMARY OF ANALYSES

Specific gravity slightly increased. Odor unchanged. Color changing from yellow to brown. Quantity and reaction practically unchanged. Solids — total amounts steadily increased, rising from about 60 to 85 gms. Phosphates increased, especially the alkaline. Sulphates steadily increased from about 3 to 5 gms. Chlorides increased. Urea increased. Uric acid increased. Indican none, except faint trace May 22. Bilirubin, albumin, and sugar none. Ratio of urea to phosphates first increased and then markedly decreased. Ratio of urea to uric acid steadily diminished.

SEDIMENTS

Crystals, uric acid, throughout proving, except on 3d day of proving. Casts none throughout. Corpuscles, May 15 a few pus corpuscles which were found in preliminary tests April 25, May 23 a few blood corpuscles, May 26 no corpuscles, and June 4 a few pus corpuscles. Epithelium none after 3d day of proving. Spermatozoa May 15 and June 4.

10. Blood

SUMMARY OF EXAMINATIONS

Normal at beginning of proving.
Number of red disks per cu. mm. diminished over one-third during proving.
Ratio of reds to leucocytes increased nearly one-third during proving and reduced nearly one-half at its termination.
Leucocytes diminished nearly one-half during proving and increased nearly one-half at its termination.
Large mononuclear leucocytes diminished two-thirds at termination of proving.
Lymphocytes practically unchanged.
Neutrophil cells practically unchanged.

11. Bones and Muscular System

No tendency to either gout or rheumatism.

A. Pain under r. scapula[2] at intervals during a. m., disappearing towards noon; pain in r. shoulder.
B. Stiff neck[3] on rising; pains run up and down, soon disappearing.

Pains down back of thighs, continuing from 4 to 9 p. m.

Pain under border of last r. rib, of short duration.
Weak feeling in legs.
Slight pain in back of legs[4], on rising, which disappeared about 10 a. m., < on moving.
D. Pain across back[2] in morning, which disappeared by noon.
E. Stiff neck on awakening.
Sore pain across shoulder-blades.
Very tired and weak in legs.

12. Skin

A few pimples upon the chin at beginning of proving, but no other affections of the skin.

A. 11th day of medication (6 d. ϕ every 2 hrs.), itching on skin and fingers with appearance as if poisoned by ivy; this itching continued on face and hands and, on 3d day, itching all over as if from wearing new flannels. On retiring, a rash was discovered on stomach and back, which itched and burned. On the 4th day the itching remained, particularly on face and hands, the rash disappearing in the morning, but again found upon retiring.

13. Tissue Changes

A. Glands slightly swollen under angle of jaw.

14. General Systemic Conditions

Weak sensation felt all over, similar to that once felt when tonsilitis was developing.
General sick feeling over entire body[2].
Feels very tired[10], sleepy[6] and indolent[2].
Slept a great deal during day, but does not feel rested.
[Weight: lost 4 lbs. during proving. — Phys. Ex.]

VII. Mr. G. C. of New York: medical student; age 21; American parentage; single; height 5 ft. 11½ in; weight 165 lbs.; skin fair; eyes brown; hair dark brown; sanguine temperament; parents and grandparents all healthy; had muscular rheumatism several years ago from exposure to chilling water; subject to ordinary colds affecting larynx and trachea mainly; rarely has headache; no insomnia; subject to no other disturbances; present health good; never used tobacco, alcoholic stimulants, tea or coffee.

May 15, 1902. Commenced taking drug, 1 d. ϕ every 2 hrs. The same dosage continued until May 23. Sensation of splinter in pharynx, lasting a short time; pain running upward from

pharynx toward l. ear; soreness of throat < toward night, first r. side, afterwards l.; dull, pressing aching above eyes; back of pharynx dry, < empty swallowing; tickling in larynx inducing cough; some hiccough; sensation of relaxation of muscular and vascular system < afternoon; veins distended; flatulence < towards evening; uneasy feeling in r. lumbar region from 4 to 8 p. m.; 8 p. m. aching in r. inguinal region.

May 16. Single pain shooting from throat to l. ear.

May 17. Aching in l. shoulder, dull, > motion; supra-orbital headache; eyes ache when reading; heaviness of feet and legs while sitting; throat dry [secretion adherent to l. vocal band. — Ex.]; thirst for frequent small draughts.

May 18. During breakfast colicky pains in epigastrium, partially relieved by unsatisfactory stool; stools repeated several times during day with much straining; soreness and aching in epigastric and umbilical region, < 4 to 8 p. m; soreness in region of upper border of liver.

May 19. Frontal headache extending to eyes, < r.; sharp shooting pains through mastoid regions both sides; feels light-headed; small, sluggish stool with straining; great dryness of throat; thirst for frequent small draughts.

May 20. Sore, aching pain in r. patella, > at rest, < walking; aching pain in ankle, > at rest, < walking; headache continues; throat dry; aching through tendon back of knee-joint; 9 p. m. aching in muscles back of scapular; aching in calf of leg < r.

May 21. Symptoms not pronounced and nothing new developed.

May 22. Pain above ileum running from r. spine downward and forward, < on movement, > sitting quietly, beginning in p. m., sharper in evening; thirst for small quantity continues.

May 23. 2 d. ϕ every hr. Headache, bursting, in occipital and parietal region, with aching through eyes; sensation of emptiness in stomach; nausea; tired and sleepy feeling in p. m. with difficulty in keeping awake; congested feeling through nose and frontal region [swelling of l. inferior turbinate slightly increased. — Ex.]; sensation of constriction around throat as though collar were too tight, with dulness and heaviness in head; evening, oppression of chest; frequent sighing respiration; tired feeling; pharynx dry; slight dizziness; small boil over inner angle of l. scapular; pulsation through sub-clavian artery, r. extending up and out toward the arm (this symptom has appeared 2 nights after lying down).

May 24. 2 d. ϕ every hr. Two insufficient, light-colored stools, with straining and soreness of anus; cramp-like pain in umbilical and epigastric region; vision indistinct; difficult even to see outline of objects clearly; general tired feeling; aversion to labor and even to moving; aversion to eating.

May 25. 2 d. ϕ every hr. No appetite; mouth, pharynx and throat sore < swallowing; tired, dull feeling; dizziness; headache continued; can't see straight; eyes blur; unrefreshing sleep in p. m. with dreams of all kinds of troubles and calamities; nausea < motion; went to bed early, feeling all worn out.

May 26. Stopped drug. Throbbing headache with dizziness and

nausea; sore throat, which felt hard and stiff when swallowing; pain on swallowing extending to both ears, since yesterday; [slight congestion at margin of soft palate, otherwise unchanged. — Ex.]; no appetite; ate neither lunch nor dinner; very little thirst.

1. Mind and Nervous System

No hereditary predisposition or special tendency to disturbance of the mind or nervous system. Present health as regards the nervous system normal; uses no tobacco or stimulants of any kind. Not subject to vertigo, and a good sleeper.

A. Supra-orbital headache.
Heaviness of the feet and legs while sitting.
B. Frontal headache [2], extending to the eyes, < r.
Feels light-headed.
D. Bursting headache in occipital and parietal regions, with aching through eyes.
Dulness [2] and heaviness in head.
Sleepy feeling in p. m., with difficulty in keeping awake.
Slight dizziness.
General tired feeling [2]; aversion to labor and even to moving.
E. Dizziness.
Headache; throbbing headache.
Unrefreshing sleep in p. m., with dreams of all kinds of troubles and calamities.
Went to bed early, feeling all worn out.

2. Eyes

No predisposition to, or previous, disease of eyes. Uses no glasses. Near point for diamond type 3 in. r. and l.; amplitude for same, 20 in. r. and l.

A. Dull, pressing aching above eyes.
Eyes ache when reading.
B. Frontal headache extending to eyes, < r.
D. Headache, with aching through eyes.
Vision indistinct; difficult even to see outlines of objects clearly.
E. "Can't see straight"; eyes blur.
[For diamond type O. D. N., 5 in., O. D. D., 16 in., O. S. N., 7 in., O. S. D., 18 in.
[Refraction and muscle balance unaffected. — Ex.]
[Near point for diamond type removed r. from 3 to 5 in. and l. from 3 to 7 in. Distant point practically unchanged.]

3. Ears

No predisposition to, or previous, aural disease; slight O. M. C. C.; slight retraction of Mt. r. and l.; Eustachian tubes normal.

A. Shooting pain extending from pharynx, upward, toward l. ear [2].
[Mt. r. showed slight congestion in Schrapnell's membrane and along malleus handle for one day only. — Ex.]
C. Sharp, shooting pain through mastoid region, on both sides.
E. Pain on swallowing extending to both ears [2].

4. Nose and Throat

No hereditary predisposition to, or previous, disease of nose and throat. Subject to mild catarrhal attacks during winter; mucous membrane of throat not catarrhal. Left inferior turbinate slightly hypertrophied; condition of naso-pharynx good; no dryness or over-secretion; condition of oro-pharynx, faucial pillars and soft palate normal; voice normal and no cough.

A. Sensation of splinter in pharynx, lasting a short time.
Pain shooting upward from pharynx to l. ear [2].
Soreness of throat [3], < at night, first r. and then l. side.
Back of pharynx dry, < empty swallowing.
Tickling in pharynx inducing cough.
B. Throat dry [4]; [secretion adherent to l. vocal band. — Ex.]
D. Congested feeling through nose and frontal region.
Sensation of constriction around throat as though collar were too tight, with dulness and heaviness in head.
[Swelling of l. inferior turbinate slightly increased. — Ex.]
E. Mouth and pharynx sore, < swallowing.
Throat felt hard and stiff when swallowing, with soreness.
[Slight congestion at margin of soft palate, otherwise unchanged. — Ex.]

5. Respiratory System

No predisposition to, or previous, disease of the chest; no present disturbances.

A. Tickling in larynx, inducing cough.
B. Oppression of chest in evening.
Frequent sighing respiration.
E. [No change in action or condition of lungs. — Ex.]

6. Circulatory System

No previous disease affecting this system, and present condition apparently normal in every respect.

A. Sensation of relaxation of vascular system, < p. m.
Veins distended.
B. Pulsation through sub-clavian artery, r., extending upward and outward toward arm (this symptom has appeared three nights after lying down).
E. Summary: [Heart's action increased, strength decreased; suspicion of systolic murmur at base, not constant, probably due to dilation; frequency of pulse increased; strength decreased; tension decreased (from 8 cm. to 11.5 cm.;) regularity unaffected. — Ex.]

7. Alimentary System

A. Some hiccough.
Flatulence, < toward evening.
Aching in r. inguinal region.
Throat dry[3]; thirst for frequent small draughts of water[4].
B. During breakfast, colicky pain in l. epigastrium, partially relieved by unsatisfactory stools.
Small, sluggish stools, repeated several times during day with much straining[2].
Soreness and aching in epigastric and umbilical regions, < 4 to 8 p. m.
Soreness in upper border of liver.
C. Pain above ileum running from r. spine, downward and forward, < movement, > sitting quietly, beginning in p. m., sharper in evening.
D. Sensation of emptiness in stomach.
Nausea[3], < motion; aversion to eating.
Insufficient, light-colored stools, with straining and soreness of anus.
Cramp-like pain in epigastric and umbilical region.
E. No appetite, ate neither lunch nor dinner.
Mouth, pharynx and throat sore, < swallowing; throat felt hard and stiff when swallowing, with soreness.
[Taste for sweet decidedly more acute during proving, and that for sour somewhat more acute. — Phys. Ex.]

9. Urine

SUMMARY OF ANALYSES

Specific gravity somewhat increased; odor unchanged; color became darker and browner; quantity increased at end of first

week of proving, afterwards diminished; reaction unchanged; solids markedly increased; earthy phosphates markedly increased, especially at end of first week of proving; alkaline little changed; sulphates little changed; urea and uric acid little changed; no indican, bilirubin, albumin or sugar; ratio total solids to salts increased at end of proving; ratio urea to phosphates increased slightly and then diminished; ratio urea to uric acid markedly decreased during progress of proving.

SEDIMENTS

Early in proving crystals of oxalates and uric acid observed, but scanty; on same date some squamous epithelium.

10. Blood

EXAMINATIONS

Number of red discs per cu. m.m. increased over 30 per cent. during proving; ratio of reds to leucocytes markedly increased (from 572 to 1 to 1700 to 1); leucocytes reduced more than 50 per cent.; large mononuclear leucocytes increased very greatly at end of proving (from 2 per cent. to 31 per cent.); lymphocytes very greatly increased somewhat earlier in proving (from 12 per cent. to 42 per cent.); becoming 25 per cent. at end of proving; neutrophil cells markedly diminished; eosinophil cells and "Mast" cells none throughout.

11. Bones and Muscular System

Had muscular rheumatism several years ago from exposure to chilling water.

A. Sensation of relaxation of muscular and vascular systems, < p. m.
Uneasy feeling in r. lumbar region from 4 to 8 p. m.
B. Dull aching in l. shoulder, > by motion.
Heaviness of feet and legs while sitting.
C. Sore, aching pain in r. patella, > rest, < walking; aching pain in ankle, > rest, < walking; aching through tendon back of knee joint; aching in muscles back of scapula, 9 p. m.; aching in calf of legs, < r.
D. General tired feeling[8].
E. Aversion to labor and even to moving; dull feeling; went to bed early, feeling all worn out.

12. Skin

A. 9th day of proving: small boil over inner angle of l. scapula.

13. Tissue Changes

A. Small boil over inner angle of l. scapula on 9th day of proving.

14. General Systemic Conditions

A. Sensation of relaxation of muscular and vascular systems, < p. m.
D. Tired and sleepy feeling in p. m. with difficulty in keeping awake.
E. General tired feeling[3]; aversion to labor and even to moving; went to bed early, feeling all worn out.

VIII. Dr. L. E. F. of New York: physician; age 24; American parentage; male; height 5 ft. 8 in.; weight 144 lbs.; skin dark; eyes blue; hair dark; even temperament; on maternal side tendency to phthisis and on paternal to rheumatism; has had no serious illnesses; occasionally slight, muscular rheumatism; ordinary susceptibility to colds; occasionally slight eruption upon skin; present health good; uses no alcoholic stimulants; seldom tea or coffee, and tobacco occasionally; all stimulants discontinued during proving.

May 20, 1902. 1 d. ϕ every 2 hrs.
May 22. [Swelling and congestion of l. turbinated body; nasal secretion somewhat viscid. — Ex.]
May 23. Restless last night; aching in lumbar region and down legs > by motion; almost constant, ineffectual desire for stool.
May 22. 2 d. ϕ every 2 hrs. Slight nausea and discomfort directly after breakfast, lasting some time; aching of middle third of face, including eyeballs.
May 25. Aching as above continues.
May 26. Same symptom repeated many times.
May 27. Aching continues.
May 28. 3 d. ϕ every 2 hrs. Dull frontal headache at 11 a. m. relieved by nap at 3 p. m. Mentality dull; feels faint and weak; 8 p. m. dull ache in lower abdomen, followed by diarrheic, yellowish-green, pasty stool, quite profuse, of offensive odor, with flatus before stool; abdominal pain, > by stool, < shortly afterwards, and at 10 p. m. another stool more liquid, but not watery, and offensive; restless at night.
May 29. 5 d. ϕ every 2 hrs. 6 p. m. cramps in abdomen, but no stool; restless all night; weak, gone feeling.
June 1. 5 d. ϕ every 2 hrs. Dull ache in back, slept poorly.
June 2. 5 d. ϕ every 2 hrs. Dull, frontal headache 11 a. m., lasting all day and evening. [Complains of dryness in upper air passages; secretion diminished and more tenacious in character. — Ex.]

June 3. 8 d. ϕ every 2 hrs. Backache and headache all night, > towards morning; directly after breakfast, 1 hr. after rising, thin, pasty, yellowish-green stool, of offensive odor, but with no flatus; some headache in forenoon; bitter taste; weak and gone feeling in abdomen.

June 4. 10 d. ϕ every 2 hrs. Restless night; bitter taste again; weak and gone feeling in abdomen; eyes blur on reading; must hold words a little farther away; drowsiness all day.

June 5. 10 d. ϕ every 2 hrs. Restless during night, difficult to get to sleep; bitter taste; weak feeling in abdomen; eyes blur on using them; lack of accommodating power; throat became very dry soon after beginning the drug, and this symptom has been present many days; without thirst and < by walking.

1. Mind and Nervous Systems

No hereditary predisposition or especial tendency to mental disturbance or nervous affections. Even and cheerful disposition; quiet and reserved; emotions not easily excited and under good control; good sleeper.

A. Restless all night[5].
C. Dull frontal headache[2], at 11 a. m.[2], > by nap at 3 p. m., lasting all day and evening.
Mentality dull.
Faint, weak[2], gone feeling.
D. Slept poorly.
E. Headache all night, > toward morning.
Some headache in forenoon.
Drowsiness all day.
Difficult to get to sleep at night.

2. Eyes

No hereditary predisposition to eye disease; fundus normal.

A. Aching of middle third of face[4], including eyeballs[4].
E. Eyes blur on reading[2], must hold page a little farther away.
[Lack of accommodating power; retinal vessels full, but not tortuous. — Ex.]

3. Ears

No predisposition to, or previous, aural disease. No aural disease, functional disturbance or idiosyncrasy at present.

E. Summary of examinations: [Slight increase in cerumen, r. and l. and lessened power of hearing by bone conduction on both sides. — Ex.]

4. Nose and Throat.

No hereditary predisposition to disease of nose or throat. Has had catarrhal symptoms at times; at beginning of proving no disease, or functional disturbance, of nose or throat was present; condition of mucous membrane of nose normal; no dryness or catarrhal secretion present; condition of inferior turbinates normal.

A. [Swelling and congestion of l. inferior turbinate; secretion somewhat viscid. — Ex.]
D. [Complains of dryness in upper air passages; secretions diminished and more tenacious in character. — Ex.]
E. [Throat became very dry soon after beginning the drug, and this symptom has been present many days, without thirst, < by walking. — D.]

7. Alimentary System

A. Almost constant, ineffectual desire for stool.
Slight nausea and discomfort directly after breakfast, lasting some time.
C. Yellowish-green, diarrheic stools, quite offensive, preceded by dull ache in lower abdomen and discharge of flatus.
Dull ache in lower abdomen, > by stools.
Cramps in abdomen, but no stool following.
D. Directly after breakfast, 1 hr. after rising, thin, pasty, yellowish-green stool, of offensive odor, but no flatus.
Bitter taste in mouth[3].
Weak and gone feeling in abdomen[3].
E. Dry feeling in throat without thirst, < by walking, repeated many days during the proving.

9. Urine

Summary of Analyses

No change in specific gravity, odor or color; earthy phosphates slightly diminished; alkaline phosphates increased; sulphates increased; chlorides diminished; urea increased; ratio of urea to phosphates increased; ratio of urea to uric acid increased.

Sediments

June 2–3, crystals of oxalate of lime.

10. Blood

SUMMARY OF EXAMINATIONS

Ratio of red discs to leucocytes increased during proving and greatly decreased afterwards. Percent. of hemoglobin slightly decreased during, and markedly increased, afterward. Number of leucocytes markedly decreased during proving. Percent. of large mononuclear leucocytes greatly increased during proving. Lymphocytes increased markedly during proving, and neutrophil cells greatly diminished.

11. Bones and Muscular System

A. Aching in lumbar region and down legs, > by motion.
E. Dull ache in back.
Backache all night, > toward morning.

14. General Systemic Conditions

Restless all night [5].
Faint, weak [2], gone feeling.
Drowsiness all day; difficult to get to sleep at night.

IX. Mrs. C. T. S. of Rochester, N. Y.: housewife; age 27; American parentage; female; two children; height 5 ft. 4 in.; weight 127 lbs.; eyes brown; hair brown; temperament sanguine; constitution good; no hereditary predisposition to disease. Brain fever when 14 yrs. of age, followed by complete recovery; had mumps; earache as child; slight attack of broncho-pneumonia 2 yrs. ago; once had ringworm; no other sicknesses except her two confinements; has slight catarrh, and had cystocele following birth of second child 4½ yrs. ago, otherwise subject to no disturbances of health whatever; present state of health excellent; uses no tea or coffee or other stimulants. (Sphyg. tracing, see Plate I, Fig. 1.)

February 26, 1903. 25 d. ϕ at 9 a. m. and 7 p. m. All preliminary examinations being completed, prover was given to understand that the real tincture and the imitation tasted exactly the same and that she could not tell whether she was taking one or the other. By this means time was saved, for the real tincture was given continuously, although the prover was often mistaken throughout the proving regarding this matter and did not know surely that she was taking the real drug at any time. The drug was not intrusted to the prover, but the morning dose was administered by the director and the evening one by one of the examining board throughout the proving. Throat felt dry; desire for water nearly all day. Evening, burning sensation about bladder and uterus.

February 27. 25 d. ϕ at 9 a. m. and 7:30 p. m. Slight itching rash

on l. shoulder; hoarseness; dryness of throat; desire to drink; sensation in chest as though coming down with hard cold, < r.; slight fluttering in ears, < l., lasting short time only. Evening, prickly rash all over body; 9:30 p. m. eyes blurred; dizziness; mouth and pharynx feel dry; some soreness, "as if raw," when swallowing water; peculiar sensation in bladder; very little force during urination; urine flows as from a catheter. [Membranes paler and dry in pharynx and larynx. — Ex.] [Hard to breathe; feels as if upper chest were filling up; occasional, slight, sharp, sticking pain in r. anterior lateral chest on breathing, < on expiration; breathing more difficult on entering house at any time; pulse (standing) 88, (sitting) 83, slightly irregular when standing, otherwise perfectly normal; respiration 16. — Ex.]

February 28. 25 d. ϕ at 9 a. m. and 7 p. m. On rising dryness of nostrils; sensation as of cold in head; eyes blurred. Evening, eyes blurred; bowels a little loose; slightly dizzy; throat parched. [Yesterday's symptoms are all less marked, pulse (standing) 96, (sitting) 90, normal in every respect, but force increased while standing; respiration 16; dry, rough, coarse râles heard on inspiration over upper anterior chest, evidently bronchial in origin. — Ex.]

March 1. 25 d. ϕ at 4 p. m. Eyes slightly blurred; some heaviness about chest; slight nausea.

March 2. 25 d. ϕ at 9 a. m. and 7:15 p. m. 12 m. slight nausea; unsteady feeling as though about to stagger; drowsy; heaviness of chest; bowels loose, four movements during the day — two in a. m., one before m. and one after; 2 p. m. both ears felt a little inclined to ache; hoarseness; slight difficulty in breathing, < indoors, > r.; 9 p. m. prickly rash on body; sensation as though eyes were uneven; one eye feels higher than the other and as though they did not wink at the same time. [Size of pupils slightly enlarged from No. 3 to No. 3½, pupillary action slightly diminished from light, in accommodation and consensual, otherwise no changes. — Ex.] [Hearing for watch diminished r. and l. from 20/20 to 15/20; lower tone limit slightly raised; slight hyperemia of membrana tympani about handle of malleus l. side. — Ex.] [Same symptoms and appearance of pharynx and larynx as on February 27. — Ex.]

March 3. 30 d. ϕ at 9 a. m., 50 d. ϕ at 7 p. m. Symptoms less pronounced than yesterday, perhaps from becoming accustomed to drug; prover is out in the open air much of the time. Pimples on face, neck and chest; slight prickly rash on body; saliva thick; very thirsty. Commenced flowing (at regular time, 24th day), flowed more than usual 1st day. "Tender spots" back of ears; slight pain back of ears; eyes blurred; step unsteady; very hoarse. [Hyperemia of membrana tympani noted yesterday has disappeared; prover had slight ringing in ears at 8:30 p. m. — Ex.]

March 4. 40 d. ϕ at 9 a. m. and 7 p. m. Slight nausea; sensation of soreness within ears; slight pain in l. ear; nostrils dry; sore throat; rash back of palate; lips rough and dry; sides of tongue sore; throat feels very dry; queer, tottering feeling as if she

would stagger if the eyes were closed. [Prover complains of soreness anterior to tip of mastoid — nothing abnormal to be seen — sensation same as feeling before she had the mumps. — Ex.] [Throat looks dry; fine red rash on back of uvula at its base. — Ex.] [Slight tenderness of ovaries r. and l. — 2d day of menstruation — normal before and afterwards. — Ex.] (See Ex. Skin.)

March 5. 40 d. ϕ at 9 a. m. Eyes dry; eyeballs a little sore; tendency to wink often; could not see clearly; lips rough and dry; tongue sore; depressed feeling; difficult breathing; pains in both sides of chest; heart beats very unevenly; feels like falling when eyes are closed; step unsteady; absent-minded; felt < between 11:30 a. m. and 3:30 p. m. Sensation of soreness in ears, with slight pains in both; pulse more rapid than usual; heart beats very unevenly; [could not remember anything very long; wanted to lie down and shut her eyes; feeling as though she could easily lose consciousness. — Ex.] (See Ex. Eyes.) [Slight ringing in both ears at 8:30 p. m. — Ex.] Pulse (standing) 96, (sitting) 88, (lying) 80. (See Plate I, Fig. 2.) Resp. 14; temp. 98.2.

March 6. 20 d. ϕ at 9 a. m. and 7:30 p. m. Both ears ache a little, < l.; hearing somewhat diminished r.; feeling of heaviness on r. side of chest and pain in l. side of chest all day; heart beat faster during inspiration than during expiration; nose dry; throat somewhat sensitive; other symptoms same as yesterday, only less pronounced. (See Ex. Eyes.) [Feeling in both eyes as if they were about to ache; inspection revels nothing. — Ex.] [General dryness of nose, pharynx and larynx. — Ex.]

March 7. 40 d. ϕ at 9 a. m. and 7:30 p. m. Eruptions on skin drying up, with exception of large pimple on forehead; felt very dull and as if about to fall; blood examination, blood slow to come, 4 or 5 cuts required to obtain enough for test. "Felt very, very dull and sleepy"; absent-minded; dull ache in top of head; slight pains in both ears; a few slight pains about uterus in p. m. [Every day, now, dull and heavy, < 11 to 2; everything is an effort; it seems as though it would be easy to stop breathing; has times of feeling dizzy; in walking is liable to bump against furniture, not from vertigo, but rather from an inert condition. — Ex.] (See Ex. Skin.)

March 8. 40 d. ϕ at 9 a. m. and 7 p. m. Has flowed less than usual since 1st day of menses; usually flows quite profusely for 8 days; "have not felt uncomfortable from cystocele or prolapsus since taking medicine, before had to lie down at least once a day for ½ hr. for last 4½ yrs. (since last child was born)." Felt very sleepy; eyelids heavy; went to sleep twice in church; same ache in top of head as yesterday; letters run together when trying to read; slight aching in both ears; chest symptoms continued; slight cough; evening, saliva thick, very thirsty; drinking causes pain in throat; tenderness of ovaries r. and l. continues. (See Ex. Gen.-Urin.)

March 9. 40 d. ϕ at 9 a. m. and 7 p. m. Ears sensitive to cold yesterday and to-day; ears ached a little; ear symptoms < between 11

a. m. and 2 p. m.; aching in top of head; step a little unsteady; eyes <, especially when trying to read or sew; urine flows very slowly, stopping and starting again; peculiar odor to urine; belching of wind for several minutes at irregular intervals during day. (See Ex. Eyes.) Same appearance of nose and throat.

March 10. 40 d. ϕ at 9 a. m. and 7 p. m. Felt very dull, < 11 a. m. to 2:30 p. m.; cold air causes momentary pain in both eyes; eyes still worse when reading or sewing; heart-beat irregular; all duties seem to require great effort; flowing ceased during a. m. as usual, this being the 8th day; uterus and bladder very sore, and same uncomfortable feeling as during past few years; slight pains in chest when rising from sitting posture; uterus very sensitive; in p. m. pimple on forehead was opened and cauterized; slight perspiration every night. (See Ex. Gen.-Urin.)

March 11. 50 d. ϕ at 9 a. m. and 7 p. m. Ears sensitive and ache a little; 11 a. m. eyes again troublesome; same dull feeling as yesterday; 9 m. eyes blurred; mouth and throat very dry; swallowing water causes pain in throat; slightly dizzy. (See Ex. Eyes.) [Same appearance of nose and throat in aggravated form. — Ex.]

March 12. 75 d. ϕ at 9 a. m. and 7 p. m. Slight rattling sensation about l. side of chest; 11 a. m. same dull, semi-conscious feeling; drowsy; difficult breathing; noise in r. ear as of telegraph instrument; belching of wind; 2:30 p. m. uterus very sore to touch, same as at last examination; urine flows without force, starts and stops several times during urination; 10 p. m. breathing quite difficult; slight pain about heart; nostrils and throat very dry; saliva thick and scanty; hurts throat to swallow water; eyes dryer than usual, also more blurred; cannot see what she writes; cannot see even by resting eyes as she could before; slightly dizzy; very drowsy; burning sensation about eyes; eyes and nose feel < than at any time while taking drug. (Sphyg. tracing, see Plate I, Fig. 3.)

March 13. 75 d. ϕ at 9 a. m. and 7 p. m. Rash on back and body; itch all over; sleep disturbed; more difficult to get to sleep and wakes oftener during night; 11 a. m. to 2 p. m. chest symptoms quite pronounced; heart's action irregular; difficulty in breathing; mouth, nose and throat very dry; p. m. can scarcely read a word; pain in eyeballs running back into head; belching of wind; slight pain about chest; nausea; rattling sensation about lower part of chest; evening, throat very dry; very thirsty, water > only while drinking; belching of wind; drowsy. (See Ex. Eyes.) [Same appearance of nose and throat. — Ex.] (See Ex. Skin.)

March 14. 75 d. ϕ at 9 a. m. and 7 p. m. Weight of prover unchanged since beginning proving; temp. 98. Blood again very slow to flow, upon examination 3 incisions required to get blood enough for test; at preliminary examination blood flowed very freely; 12 m. dull pain in both sides of chest; feeling of great heaviness about chest; eyes pain, — cannot see to read at all; throat and lips very dry; nausea; bearing down sensation about uterus and bladder (the bearing down or heavy feeling in uterus is not a common symptom); slight soreness about l. ovary; 2 p. m. circulation slow; hands feel cold; feels somewhat weak and unsteady; 9 p. m.

throat very dry ; extreme thirst; burning sensation about bladder and uterus.

[Since March 5th says her heart has beaten irregularly, first strong and then weak, especially between 11 a. m. and 2 p. m., though not every day ; at these times has felt dull and as if she would like to close her eyes and "drop off." — Ex.] (See Ex. Resp.)

March 15. 75 d. ϕ at 4 p. m. Awoke about middle of night with severe backache in lower part of back causing restlessness; very dizzy, everything went around; spasmodic contractions in all parts of the body, lasting nearly an hour; could not sleep for a long time on account of contractions and backache, although feeling strongly inclined to sleep; afterwards talked for some time in her sleep; sat up in bed two or three times and dug head fiercely, tearing at her hair, but unconsciously; felt quite hysterical; never had any similar experience; this morning feels only tired and weak; nausea all day; same feeling of inflammation, or burning, about pelvis; ears ached slightly.

March 16 and 17. Medicine entirely discontinued; taking final examinations. Nausea continued both days; vomited once; drawing back of eyes; eyes feel dry, with desire to wet them. (See Exams. Eyes, Ears, Resp. and Gen.-Urin. Sys. and Skin.) (Sphyg. tracing, see Plate I, Fig. 4.)

March 18. Queer feeling about head; somewhat confused and absent-minded; feeling of inflammation about uterus ; chest symptoms gone.

March 19. Very nervous; feeling of inflammation about uterus this p. m. ; eyes much > although they tire very easily.

March 20, 21, 22. Feels nervous (ordinarily not nervous), inflammation about uterus and bladder more pronounced than formerly.

U. S. Weather Report, Rochester, N. Y., Office

Observations taken at 8 A. M.

1903	Wind		Weather	Humidity	Temperature
	Direction	Velocity			
Feb. 26	S. W.	10	Clear	67	28
" 27	S.	4	Cloudy	48	36
" 28	S. W.	16	Cloudy	82	55
March 1	W.	20	Snow	71	21
" 2	S. W.	20	Cloudy	72	28
" 3	S. E.	2	Clear	84	30
" 4	W.	9	Cloudy	76	36
" 5	S. E.	6	Rain	97	35
" 6	N. W.	3	Cloudy	85	32
" 7	S.	11	Part cloudy	70	43
" 8	W.	3	Cloudy	86	48
" 9	N. E.	8	Cloudy	88	37
" 10	S. E.	5	Cloudy	92	43
" 11	N. W.	6	Cloudy	96	39
" 12	W.	3	Cloudy	88	41
" 13	W.	7	Cloudy	89	36
" 14	S. W.	5	Clear	93	37
" 15	N. E.	10	Clear	76	34
" 16	S. E.	6	Cloudy	86	42
" 17	S. W.	6	Cloudy	87	46

1. Mind and Nervous System

No hereditary predisposition to mental disturbance, but maternal grandmother had epilepsy. No previous disease involving mind or nervous system, with exception of brain fever 13 yrs. ago. Present condition as regards mind and nervous system good; natural disposition even and unimaginative; quiet and reserved; cheerful and hopeful; with emotions not easily excited and under good control; there is no tendency to vertigo; reflexes all normal; sleep and station good; muscular sense and co-ordination normal.

A. Dizziness [7]; unsteady feeling as though about to stagger; step unsteady [3].
Drowsy [3]; felt very sleepy [2]; went to sleep twice in church.
Queer tottering feeling as if she would stagger if the eyes were closed.
Feels like falling when eyes are closed.
Absent-minded [4].
[Could not remember anything very long [2]; wanted to lie down and close eyes [2]; feeling as though she could easily lose consciousness [2]. — Ex.]
Felt very dull [4] and as if about to fall.
Dull ache in top of head [3].
[Every day, now, dull and heavy, < 11 to 2 o'clock; everything is an effort [2], it seems as though it would be easy to stop breathing; has times of feeling dizzy; when walking is liable to bump against furniture, not from vertigo, but rather from an inert condition. — Ex.]

D. Has semi-conscious feeling.
Sleep disturbed, more difficult to get to sleep and wakes often during night.
Feels somewhat weak and unsteady.
Awoke about middle of night with severe backache in lower part of back causing restlessness; very dizzy, everything went around; spasmodic contractions all over body, lasting nearly an hour; could not sleep for a long time on account of contractions and backache, although feeling strongly inclined to sleep; afterward talked for some time in her sleep; sat up in bed two or three times and dug head fiercely, tearing at her hair, but unconsciously; felt quite hysterical; never had a similar experience; in morning felt only tired and weak.

E. Queer feeling about head, somewhat confused and absent-minded.
Feels very nervous [2] (ordinarily not nervous).
Summary: [Dull, heavy, sluggish feeling, < between 11 a. m. and 2 p. m., when everything seemed a great effort, even

breathing. Dizziness occasionally; absent-mindedness; sensation as if she would stagger if the eyes were closed. Physical sluggishness in moving about, resulting in heavy, clumsy movements (hitting against chairs, etc.). Later in proving, prover showed a state of exaltation for one night only, as shown by restlessness, talking in sleep, and spasmodic contractions of various parts of the body; pulled at her hair unconsciously; felt hysterical. — D.]

2. Eyes

No predisposition to, or previous, disease of the eyes; present condition normal in every respect except distance, esoph. 1 P. D. near, exoph. 8 P. D.; vision without glasses 20/20, r. and l., + .25 = V. 20/20; near point for diamond type 5 in.; amplitude 22 in.

A. Eyes blur [5].
Sensation as though eyes were uneven; one feels higher than the other and as though they did not wink at the same time.
[March 2. Size of pupils slightly enlarged from No. 3 to No. 3½ [2]; pupillary action slightly diminished from light in accommodation and consensual [2], otherwise no changes. — Ex.]

B. Eyes dry [2].
Eyeballs a little sore; tendency to wink often; could not see clearly [2].
[March 5. Same condition of pupil and pupillary action; near point for diamond type increased to 12 in.; visual acuity slightly decreased. — Ex.]
[March 6. Tests of eyes same as on previous days. — Ex.]

C. Eyelids heavy [2].
[March 9. Near point removed to 15 in. Size of pupil No. 3½; vision 20/30; with + .50 = V. 20/20. — Ex.]
[March 11. Tests same as March 9. — Ex.]

D. Eyes more blurred, cannot see what she writes; cannot see, even by resting eyes, as she could before.
Burning sensation about eyes.
Pain in eyeballs, running back to head.
[March 13. Near point removed to 20 in. Size of pupil No. 4; vision 20/30; with + .75 = V. 20/20. — Ex.]
Eyes pain; cannot see to read at all.

E. Drawing back of eyes.
Eyes feel dry, with desire to wet them.
[March 16. Pupils of eyes, size 3½; shape regular; consensual action, action to light and accommodation, all slightly diminished; vision without glasses 20/30; with + .50 = V. 20/20; near point for diamond type 12 in., amplitude

10 in.; fundus normal; muscle balance, distance, esoph. 1 P. D. near, exoph. 8 P. D. Color tests normal. — Ex.]

[3 days later (drug discontinued 4 days) eyes much >, although they tire very easily. — D.]

Summary: [Pupil moderately dilated; visual acuity reduced to 20/30; ciliary muscle partially paralyzed; the cause of blurred vision complained of is clearly shown in action of drug upon ciliary muscle. — Ex.]

3. Ears

Father deaf in one ear; earache as a child; condition of tympanic membrane normal; Eustachian tube normal; hearing distance for watch 20/20 r. and l.; hearing distance for voice normal; all forks heard well.

A. Slight fluttering in ears, < l., lasting a short time only. Both ears felt a little inclined to ache.

[Hearing for watch diminished r. and l. from 20/30 to 15/20; lower tone limit slightly raised; hyperemia of membrana tympani about handle of malleus, l. side. — Ex.]

B. "Tender spots" back of ears; slight pain back of ears.

[Hyperemia of membrana tympani noted yesterday has disappeared; prover had slight ringing in ears at 8:30 p. m. — Ex.]

Sensation of soreness within ears; slight pain in l. ear.

[Prover complains of soreness anterior to tip of mastoid; nothing abnormal is seen; sensation is the same as before she had the mumps. — Ex.]

Sensation of soreness in ears, with slight pains in both [2].

Slight ringing in both ears at 8:30 p. m.

Both ears ache a little [4], < l.

Hearing somewhat diminished, < r.

[Feeling in both ears as if they were about to ache, but inspection reveals nothing. — Ex.]

C. Ears sensitive to cold [2]; cold air causes momentary pain in ears.

D. Ears sensitive and ache a little.

Noise in r. ear as of telegraph instrument.

E. [March 17. On final examination lower tone limit, r. and l., slightly higher than on prelim. exam. — Ex.]

Summary: [This prover developed during the proving a catarrh of the Eustachian tube, tinnitus and a hyperemic condition of the drum; in other words, all the symptoms of an otitis media catarrhalis acuta. It was not severe and did not last long. The tinnitus was not severe enough to change hearing power for either vocal or musical sounds; the watch was heard by both ears less distinctly on one day only. — Ex.]

4. Nose and Throat

No predisposition to, or previous, disease of the throat of any moment; has slight catarrhal condition of nose at times; present condition of upper air passages practically normal in every respect.

A. Dryness of throat[8].
Mouth[3] and pharynx[2] feel dry.
Some soreness, "as if raw," when swallowing water.
[Membrane paler and dry in larynx and pharynx. — Ex.]
On rising, dryness of nostrils; nostrils dry; nose dry[3].
Feeling as of cold in head.

B. Hoarseness[2].
[Same appearance and conditions of larynx and pharynx as on last examination. — Ex.]
Throat sore[2]; rash back of palate.
Throat looks dry; fine, red rash on back of uvula at its base. — Ex.]

C. Throat somewhat sensitive.
[General dryness of nose, pharynx and larynx. — Ex.]
Evening, very thirsty; saliva thick; drinking caused pain in throat[3].

D. [Same appearance of nose and throat; 2 days later, same aggravated form. — Ex.]
Saliva thick and scanty.

E. Very thirsty, water > only while drinking; extreme thirst.
[Same appearance of nose and throat. — Ex.]

Summary: [Larynx, pharynx and naso-pharynx felt dry, with desire to drink often, simply to moisten throat, not because of thirst. A feeling of stiffness and rawness on swallowing; hemming and a desire to clear throat, but no mucus; membranes of upper respiratory tract appeared paler and dry, with thick, glairy, tough mucus on pharyngeal wall. During two days, when on full doses, back of uvula and palate red, with smooth blotches, and fine red rash on back of uvula at its base. The voice was husky and thick. — Ex.]

[Acuteness of smell during proving practically unchanged. — Phys. Ex.]

5. Respiratory System

Had slight attack of bronchial pneumonia 2 yrs. ago; present condition of chest, physical signs and respiratory sounds normal.

A. Hoarseness[2]; very hoarse.
Sensation in chest as though coming down with hard cold, < r.

[Hard to breathe, feels as if upper chest were filling up; occasional, slight, sharp, sticking pain in anterior, lateral chest, r., on breathing, < expiration. Breathing more difficult on entering house at any time; respiration 16. — Ex.]

[2 days later. Dry, rough, coarse râles heard on inspiration over upper, anterior chest, evidently bronchial in origin; respiration 16. — Ex.]

Some heaviness about chest [13]; later, much <, and < in upper anterior portion [2].

Difficulty in breathing [4], < in doors, < r.

B. Pains in both sides of chest [2].

Feeling of heaviness on r. side and pains in l. side of chest all day [3].

C. Slight cough.

Slight pains in chest when rising from sitting posture.

D. Rattling sensation [2] about l. side of chest; about lower part of chest.

E. Dull pain in both sides of chest.

[March 14. Pains in r. and l. side of anterior chest, in mammary region and above, also below l. nipple; these pains are pressing at various times and are rather dull in character, < on exertion but not made < by breathing; for 9 days past heavy feeling in chest at times, < in upper anterior portion; for several days past, at different times, has had a "rattling" feeling in l. side of chest below nipple; breathing feels oppressed as if "from asthma"; râles not heard below line of nipples. — Ex.]

[March 16. Sibilant râles in upper r. chest. — Ex.]

Summary: [Pains in anterior upper chest, sometimes dull and sometimes sharp, < on expiration and on exertion; much heaviness of chest, < in upper anterior chest; suffocative feeling in breathing as if she had asthma; "rattling" feeling in chest; coarse, dry râles in upper anterior chest; sibilant râles in upper anterior chest. — Ex.]

[Rate of respiration lowered during entire proving from 20 per minute to 14 or even 12; pulse rate increased; temp. normal. — Phys. Exam.]

6. Circulatory System

Action of heart normal in every particular; pulse rate 78 in prelim. exam. (See Plate I, Fig. 1.)

A. [Pulse (standing) 88, (sitting) 83; slightly irregular when standing, otherwise perfectly normal. — Ex.]

[Following day, pulse (standing) 96, (sitting) 90; normal in every respect, but force increased while standing. — Ex.]

C. Pulse more rapid than usual.

Heart beats more unevenly.

Pulse (standing) 96, (sitting) 88, (lying) 80; (temp. 98.2). (See Plate I, Fig. 2.)
Heart-beat faster during inspiration than during expiration.
D. Heart-beat irregular.
E. Slight pain about heart.
Heart's action irregular.
Circulation slow; hands feel cold.
[Says for 9 days her heart has beaten irregularly, first strong then weak, especially between 11 a. m. and 2 p. m., though not every day; at these times has felt dull and as if she would like to "close her eyes and drop off." — Ex.]
[The rapidity of pulse-beat steadily increased from 80 to 99 in sitting posture and in other positions proportionately.
Respiration lowered and temperature lowered. — Phys. Ex.]

7. Alimentary System

A. Throat felt dry [8]; throat parched.
Desire for water nearly all day; desire to drink.
Mouth [3] and pharynx [3] feel dry.
Some soreness, "as if raw," when swallowing water.
Slight nausea [3], later, nausea [2].
Bowels a little loose; bowels loose, four movements during day, two in a. m., one before m. and one after.
B. Saliva thick [2].
Very thirsty [3].
Lips rough and dry [2].
Sides of tongue sore; tongue sore.
Throat sore [2].
C. Drinking causes pain in throat [3].
Belching of wind [3] for several min. at irregular intervals during day.
D. Saliva thick and scanty.
E. Very thirsty, water > only while drinking; extreme thirst.
Nauseated all day [3]; vomited once.
[Acuteness of sense of taste for sweet slightly increased, for sour unchanged, for bitter slightly increased. — Phys. Ex.]

8. Genito-Urinary System

No hereditary predisposition to disease of the genito-urinary tract. Laceration of cervix and perineum at birth of first child, 8 yrs. ago. Had cystocele following birth of last child, 4½ yrs. ago. Palpation of kidneys and bladder region normal; both ovaries normal; uterus heavy and hard, os eroded and elongated; slight retroversion of uterus; small cystocele and rectocele; menstruates every 24 days, flowing 8 days quite profusely.

A. Burning sensation about bladder and uterus.
Peculiar sensation in bladder.

Very little force during urination; urine flows as from a catheter.

B. 6th day of drug. Commenced flowing at regular time, 24th day; flowed more than usual 1st day.

Slight tenderness of ovaries r. and l.[5] [Began 2nd day of menstruation, normal before and afterwards. — Ex.]

A few slight pains about uterus; bearing down pains.

C. Has flowed less than usual since 1st day of menses (usually flows quite profusely for 8 days).

"Have not felt uncomfortable from cystocele or prolapsus since taking medicine, before had to lie down at least once a day for ½ hr. for last 4½ yrs. (since last child was born)."

[March 8. Retroversion unchanged, uterus smaller and less heavy than on prelim. exam.; os less eroded and smaller; cystocele smaller; rectocele smaller. — Ex.]

Urine flows very slowly, stopping and starting again; has peculiar odor.

Flowing ceased on 8th day (as usual).

Uterus and bladder very sore and same uncomfortable feeling as during past few years; uterus very sensitive in p. m.; uterus very sore to touch.

[March 10. Uterus very tender, also vagina; menstrual discharge bright red at first, becoming dark red, brown, and dark brown at finish; reaction acid at first, neutral last; no change in sexual sphere noted during menses. — Ex.]

Urine flows without force, starting and stopping several times during micturition.

D. Bearing down sensation about uterus and bladder (bearing down or heavy sensation is not a common symptom).

Slight soreness about l. ovary.

Burning sensation about bladder and uterus.

A feeling of inflammation or burning about pelvis.

[March 17. No tenderness of either r. or l. ovary; no change in retroversion; uterus again heavy; cervix very dark red and congested; os dark red and larger; burning sensation in uterus continually; abdomen in median line very tender; vagina very tender; cystocele and rectocele darker in color; some leucorrhea; meatus urinarius normal and unaffected during proving. — Ex.]

E. Feeling of inflammation about uterus[5] and bladder[3] more pronounced than formerly.

9. Urine

SUMMARY OF ANALYSES

Specific gravity: fell during greater part of proving from 1018 to 1009, but returned to 1018.

Odor: strong, or pungent throughout.

Color: practically unchanged, but became turbid. Quantity: greatly increased during most of proving (34 to 88 oz.).
Reaction: acid throughout, but becoming fainter.
Number of urinations: increased.
Total solids: mostly increased. Phosphates: increased.
Sulphates: variable. Chlorides: variable. Urea: variable.
Uric acid: markedly reduced (from 1.22 gms. to inappreciable amount).
Indican: faint traces in early days of proving, but none later.
Bilirubin: none. Albumin: traces for 8 days during proving.
Sugar: none. Ratios: of total solids to salts and of urea to phosphates not greatly changed, but ratio of urea to uric acid very strikingly increased throughout proving.

SEDIMENTS

March 4. Slight sediment of red blood, probably due to catamenia; a few bladder epithelia and pus cells.
March 7. No casts, few red blood cells, many pus cells; epithelia small, round, from pelvis of kidney; many flat squamous from bladder and vagina.
March 17. No casts; no red blood corpuscles; many pus cells; few small, round epithelia; many flat squamous epithelia; many bacteria.

10. Blood

SUMMARY OF EXAMINATIONS

Rapidity of flow normal at first, slow and sluggish during much of proving, but more rapid than normal at finish.
Coagulation more rapid than usual through greater part of proving.
Number of red blood discs decreased throughout proving.
Number of leucocytes increased throughout proving.

11. Bones and Muscular System

A. Felt very dull and as if about to fall; [in walking is liable to bump against furniture, not from vertigo but rather from an inert condition. — Ex.]
B. Step a little unsteady.
D. Feels somewhat weak and unsteady.
E. Awoke about middle of night with severe backache in lower part of back, causing restlessness; spasmodic contractions in all parts of body lasting nearly 1 hr.

12. Skin

No hereditary tendencies to disease of the skin, and no previous skin affections except some eczema of hands at times, but

none at present. Skin normal as to dryness, oiliness, roughness, etc.

A. Slight itching rash on l. shoulder.
Evening, prickly rash all over body [4].
B. Pimples on face, neck and chest.
[March 4. 40 hrs. after beginning proving, a slight prickly rash appeared on shoulders and back in small red papules; a very slight papular eruption then appeared all over body, with much itching, not > by scratching; there is now a papular eruption on face and chest resembling acne vulgaris; lips are dry and rough; this acne does not itch; this is something quite new for prover, as she never had anything like it before. The eruption is discrete, papular, 10 papules on face, some on neck and back. There has been no change of diet or habits of life since beginning proving. — Ex.]
C. (4 days later) eruption on skin dry and rough, with exception of large pimple on forehead.
[March 7. The papular eruption on face and chest is disappearing, but a small proportion of the papules have formed pus at apex, thus becoming papular-pustular. — Ex.]
(3 days later) pimple on forehead opened and cauterized.
Slight perspiration every night.
D. Itching all over body.
[March 13. The eruption is fading away; itching all over body without rash, < at night when removing clothing, rubbing > only temporarily. — Ex.]
[March 17. The papular eruption on chest, accompanied by comedones, is gradually improving, though it will probably remain for several weeks before entirely disappearing. She never had anything like this before. — Ex.]

13. Tissue Changes

Pimple appeared on forehead, became pustular, and required to be cauterized.

14. General Systemic Conditions

"Felt very, very dull and sleepy"; very sleepy; went to sleep twice in church; drowsy [2]; very drowsy.
Feels very dull, < 11 a. m. to 2 p. m.; all duties seem to require great effort.
Slight perspiration every night.
Sleep disturbed; more difficult to get to sleep and wakes oftener during night.
Feels somewhat weak and unsteady.
General feeling of nervousness [4].

Weight of prover unchanged during proving.
[Temperature practically normal during proving, 99 deg. being the highest observed. — Phys. Ex.]

X. Miss M. E. G. of Rochester, N. Y.: domestic; age 19; Canadian; female; single; height 5 ft. 3 in.; weight 115 lbs.; skin fair; eyes blue; hair brown; temperament phlegmatic; constitution good. No evidence of hereditary predisposition to disease, although mother and two brothers died of consumption; all grandparents died of old age; has never been seriously sick; not subject to neuralgia except very rarely under l. breast; has had rheumatism of muscular type after wetting feet; subject to slight nasal catarrh; subject to nervous headache from worry; no insomnia; no indigestion or disturbance of intestinal tract; subject to variation in amount of urine and to retention of urine; menstruation normal; skin normal except acne about nose. Present state of health good; uses some tea and coffee, but not habitually; use of both discontinued during proving. (Sphyg. tracing, see Plate I, Fig. 5).

February 9, 1903. Prover, having taking all of her prelim. exams., was given 15 d. ϕ dil. with water at 2 p. m. by the director, and 15 d. ϕ at 7 p. m. by a member of the proving board, near whose office she lives. This arrangement was carried out throughout proving instead of trusting the dosage to prover herself. The prover will not know at any time whether she is taking the imitation or the real tincture, as she has been led to believe they taste exactly alike, and will not be told to the contrary.

February 10. 15 d. ϕ at 2 and 7 p. m. No symptoms.

February 11. 15 d. ϕ at 2 and 7 p. m. No symptoms arising from drug except some very unpleasant dreams, one to the effect that she was in jail.

February 12. 15 d. ϕ at 2 and 7 p. m. Little or no sleep, with unpleasant dreams and restlessness, until 6 a. m; only good sleep from 6 to 6:30 a. m.; pain in the small of back; no appetite; headache; dizziness; pain in r. arm running from shoulder to tips of fingers.

February 13. 15 d. ϕ at 2 and 7 p. m. Slept well in first part of night, latter part disturbed by troublesome dreams, restlessness and pain in back; very dizzy; cannot eat anything; appetite entirely lost; breathing difficult, throat seems to "stop up"; tired; pain in r. forehead. (Sphyg. tracing, see Plate I, Fig. 6.)

February 14. 15 d. ϕ at 2 and 7 p. m. Slept very well all night, but on rising felt very tired and like returning to bed; sharp pain in back and r. shoulder, coming and going quickly. (Weather clear, humidity 74.) Headache; vertigo; 2.30 p. m., quick, darting pains in lower part of spine.

February 15. 15 d. ϕ at 2 and 7 p. m. Slept well all night; no dreams, aches or pains; awoke with terrible backache from

lower dorsal region downward, which continued all day and evening; after getting quiet by sitting or lying, the back does not ache; moving about renews the pain; menses commenced at 8:30 p. m., 48 hrs. earlier than usual (28 days being the usual habit). (See Ex. Gen.-Urin. System.)

February 16. 20 d. ϕ at 2 and 7 p. m. Slept poorly all night and "had terrible headache" the same as yesterday. [Membrane of pharynx and larynx pale; no subjective symptoms. — Ex.]

February 17. 20 d. ϕ at 2 and 7 p. m. Severe, slow, steady pain in l. side of face, beginning just below ear, back of the jaw, involving lower jaw only, and extending through jaw to first molar tooth, which is decayed; the tooth is tender and has ached before; this pain came on first last night while in the house, not hard through the night, but very much < by cold air to-day (temp. 7 deg., with snow), becoming very severe; pains are dull and lasting rather than sharp and intermittent; steady, aching pain in lumbar region; pain not so great when in repose. (Has never had this pain before.)

February 18. 25 d. ϕ at 2 and 7 p. m. Slept very well all night, but upon waking back began to ache; walking or carrying anything heavy causes pain in back.

February 19. 40 d. ϕ at 2 and 7 p. m. No symptoms whatever; slept well all night and had no pains. (Sphyg. tracing, see Plate I, Fig. 7.)

February 20. 50 d. ϕ at 2 and 7 p. m. No symptoms whatever; slept well all night. (See Ex. Eyes.)

February 21. 50 d. ϕ at 2 and 7 p. m. Slept very well all night; on waking, limbs seemed very tired and stiff in joints; experienced some pain in calf of legs.

February 22. 50 d. ϕ at 2 and 7 p. m. Slept well; no symptoms whatever; no aches or pains.

February 23. 75 d. ϕ at 2 and 7 p. m. Prover has gained 1¾ lbs. since beginning proving. Slept well and felt well until 12 m., when eyes blurred, could hardly see, mouth seemed very dry; desire to drink, but not because of thirst; eyes became very painful and vision so much blurred "that everything turned black"; she could determine an object at the first glance, but on continuing to look everything seemed to run together; great dryness of the mouth itself, without thirst and without much dryness of throat. 4:30 p. m., distress at stomach and nausea; 5:45 p. m., vomiting, the material being of large quantity and bitter in character; distress at stomach and vomiting recurred at 7:30 and 8 p. m., after which all nausea disappeared. The fore part of night was very restless, but afterwards slept well; eyelids would not seem to remain closed, and everything appeared blurred when they were open; she stated she had a great desire to open eyes to relieve this unpleasant feeling. (See Ex. Eyes.) [Dryness of nose and throat. — Ex.]

February 24. 75 d. ϕ at 2 p. m. (Dose omitted in evening.) On waking felt quite well, but had hard headache for an hour after doing some housework about 11 o'clock; 3:30 p. m. sounds in ear like bells, of short duration; no objective changes; 9:30 p. m.

mouth very dry and again felt desire for water; aching in head; pain in back. [Membranes of larynx, pharynx and nose seem pale and very dry. — Ex.]

February 25. 75 d. ϕ at 2 p. m. and 7 p. m. Slept well the first part of night, but restless latter part; on waking eyes seemed much blurred and could hardly see anything. (See Ex. Eyes.) 7:30 p. m. sounds in the ear like a whistle for a few seconds only.

February 26. 75 d. ϕ at 2 and 7 p. m. Slept very well; on waking eyes pain "terribly"; mouth seemed very dry and nothing tasted good; 9:30 a. m. dull pain in back and shoulder; 7:15 p. m. extremely sharp pain in eyes, pain in l. ear; seemed to hear sounds like ringing of bells in the distance. (Sphyg. tracing, see Plate I, Fig. 8.)

February 27. Drug entirely discontinued, because no symptoms developed, and for fear lest its effects upon the prover's eyes might cause subsequent trouble. 10:30 a. m. sharp pain in l. chest, above breast, lasting ½ hr., disappearing gradually in about 15 min.; much steady pain over eyes; mouth very dry but without thirst. (See Ex. Eyes.) [Membranes of larynx, pharynx and nose seem pale and very dry; the larynx seems slightly congested. — Ex.]

UNITED STATES WEATHER REPORT AT ROCHESTER, N. Y., OFFICE.

Observations taken at 8 A. M.

1903	Wind		Weather	Humidity	Temperature
	Direction	Velocity			
Feb. 10	S. W.	12	Clear	73	32
" 11	S.	9	Cloudy	53	43
" 12	S. W.	20	Cloudy	90	36
" 13	S. W.	7	Part cloudy	94	33
" 14	N. W.	8	Clear	74	19
" 15	E.	5	Snow	85	20
" 16	N.	10	Snow	90	20
" 17	N. W.	9	Snow	90	7
" 18	S. W.	13	Clear	85	2
" 19	S. W.	14	Cloudy	77	0
" 20	S. W.	8	Clear	81	8
" 21	S.	8	Cloudy	70	23
" 22	W.	10	Clear	69	19
" 23	S. W.	8	Part cloudy	56	26
" 24	N. W.	10	Snow	89	27
" 25	W.	10	Part cloudy	78	22
" 26	S. W.	10	Clear	67	28
" 27	S.	4	Cloudy	48	36
" 28	S. W.	16	Cloudy	82	55
Mar. 1	W.	20	Snow	71	21
" 2	S. W.	20	Cloudy	72	28
" 3	S. E.	2	Clear	84	30
" 4	W.	9	Cloudy	76	36
" 5	S. E.	6	Rain	97	35

February 28. Weight 114¾ lbs.; pulse 88; temp. 98. Slept poorly; terrible headache all night, and sickness at stomach; also pain

in l. chest, just above breast; on rising eyes pained very severely; does not seem to have any strength, and feels like lying down continually; finds it difficult to breathe and has "smothering sensation." [4 p. m. had dull, aching pain in l. upper chest at 8:30 a. m., which has continued up to present time; pain < on motion, such as bending over, or taking deep breath; present during ordinary respiration, though not severe; pain somewhat > on going into open air. — Ex.]

March 1. Did not sleep well before midnight, but afterwards rested quietly; pain continued in chest until about 6:45 a. m; eyes do not pain so badly to-day; head feels very dizzy; extremely severe pain in forehead; pains are sharp but of short duration.

March 2. Slept well all night; no symptoms remaining.

1. Mind and Nervous System

No hereditary predisposition to, or previous, disease of the mind or nervous system. No present tendency to mental disturbance; disposition quiet, cheerful, hopeful and unimaginative; emotions not easily excited and under good control. Present health good as regards nervous system; no vertigo; a good sleeper, unless in fore part of night.

A. Very unpleasant dreams, one to the effect that she was in jail.

Little or no sleep, with unpleasant dreams and restlessness until 6 a. m., only good sleep from 6 to 6:30 a. m.; sleep disturbed by troublesome dreams; slept poorly all night[2]; fore part of night very restless; slept well first part of night, restless in latter part; did not sleep well before midnight, afterwards rested quietly.

Pain in small of back; pain in back[2].

Headache[4].

Dizziness[4].

Pain in r. arm, running from shoulder to tips of fingers.

Restlessness; tired.

Pain in r. forehead; extremely severe pain in forehead; pain sharp, but of short duration.

Sharp pain in back and r. shoulder, coming and going quickly.

[Weather clear, humidity 74. — D.]

2:30 p. m. quick, darting pains in lower part of spine.

B. Severe, slow, steady pain in l. side of face, beginning just below ear, back of jaw, involving lower jaw only, extending through jaw to first molar tooth (which is decayed, tender, and has ached before); this came on first last night, but much < by cold air to-day [temp. 7 deg. with snow. — D.] becoming very severe; pains are dull and lasting rather than sharp and intermittent.

D. On waking felt quite well, but had headache for about 1 hr. after doing some housework.

E. Sharp pain in l. chest above breast, which lasted ½ hr. and disappeared gradually in about 15 min.

Does not seem to have any strength; feels like lying down continually.

2. Eyes

No predisposition to, or previous, disease of the eyes. Present condition normal in almost every particular; size of pupils No. 3; vision without glasses 20/20 r. and l.; near point for diamond type 5 in. r. and l.; amplitude for same 22 in.; refraction, + .50 + .50 c. ax. 90° = 15/20; muscle balance, distance normal, near, exoph. 10 P. D.; glasses are not worn. No subjective eye symptoms.

A. [February 20. Near point for diamond type 8 in.; size of pupils No. 3½; no change in other tests. — Ex.]

B. Eyes blurred; could hardly see.

Eyes became very painful, and vision so much blurred that "everything turned black."

Could determine an object at first glance, but on continuing to look everything seemed to run together.

At night eyelids would not seem to remain closed, and everything appeared blurred when they were open. [Stated she had a great desire to open eyes to relieve this unpleasant feeling. — D.]

[February 23. Near point for diamond type 16 in.; size of pupils No. 4; vision 20/30; with + 1.50 + .50 c. ax. 90° = V. 20/20. No other change in tests. — Ex.]

C. On waking eyes much blurred; could hardly see anything.

[February 25. Near point for diamond type 12 in.; size of pupils No. 5; vision 20/20; improved by + .50 + .50 c. ax. 90°. No change in other tests. — Ex.]

On waking eyes pained terribly[2].

Evening, extremely sharp pains in eyes.

D. Much steady pain in eyes[3].

[February 27. Consensual action of pupil normal; action to light slightly diminished; near point for diamond type 12 in.; amplitude for same 15 in.; other tests same as on February 25. — Ex.]

E. No symptoms remaining (4th day after stopping drug).

Summary: [Pupils moderately dilated; visual acuity slightly reduced; ciliary muscle partially paralyzed; no other effects noted. The cause of blurred vision is clearly shown in the action of the drug upon the ciliary muscle. — Ex.]

3. Ears

No predisposition to, or previous, disease of the ears; present condition normal in every particular.

A. 3:30 p. m. sounds in ears like bells, of short duration [no objective changes. — Ex.]
C. 7:30 p. m. sound in ear like a whistle, for a few seconds only.
E. Sharp pain in l. ear.
7:15 p. m. seemed to hear sounds like ringing of bells in distance.

4. Nose and Throat

With the exception of slight nasal catarrh, the upper air passages are in practically normal condition throughout.

A. [February 16. Membrane of pharynx and larynx pale; no subjective symptoms. — Ex.]
D. Great dryness of mouth[5] itself, without thirst and without much dryness of throat.
[February 23. Dryness of nose and throat. — Ex.]
[February 24. Membranes of larynx, pharynx and nose seem pale and very dry.] — Ex.
E. [February 27. Membranes of larynx, pharynx and nose seem pale and very dry; the larynx seems slightly congested. — Ex.]

5. Respiratory System

Mother, brother and two sisters died of pulmonary tuberculosis; the prover herself has had no previous disease of the chest, and its present condition is excellent, with physical signs and respiratory sounds all normal.

A. Breathing difficult; throat seems to "stop up."
E. Pain in l. chest[2] just above breast.
Has smothering sensation (with difficult breathing).
[4 p. m. had dull, aching pain in l. upper chest at 8:30 a. m., which has continued up to present time; pain < on motion such as bending over or taking deep breath, and present during ordinary respiration, although not so severe; pain somewhat < on going into open air. — Ex.] (This pain continued until about 6:45 the following morning.)

6. Circulatory System

Heart and pulse normal in every particular; pulse rate on preliminary examination (February 8), standing 81, sitting 73, lying 71, slowly sipping water 89. (See Plate I, Fig. 5.)

A. [February 13. Pulse standing 72, sitting 68, lying 66, slowly sipping water 68. — Ex.] (See Plate I, Fig. 6.)
B. [February 19. Pulse standing 85, sitting 77, lying 73, slowly sipping water 83. — Ex. (See Plate I, Fig. 7.)

E. [February 26. Pulse standing 103, sitting 96, lying 85, slowly sipping water 94. — Ex.] (See Plate I, Fig. 8.)

7. Alimentary System

A. No appetite; cannot eat anything; appetite entirely lost.
D. Mouth seems very dry; desire to drink, but not because of thirst; great dryness of the mouth itself, without thirst and without much dryness of throat.
4:30 p. m. distress in stomach with nausea; 5:45 vomiting, material being of large quantity and bitter in character; distress at stomach occurred at 7:20 and 8 p. m., after which all nausea disappeared.
Mouth very dry, and again desire for water.
E. Mouth seemed very dry, and nothing tasted good.
Mouth very dry, but without thirst.
Sickness at stomach.

8. Genito-Urinary System

No hereditary predisposition to, or previous, disease of the genito-urinary tract.

A. [February 15. Menses commenced at 8:30 p. m., 48 hrs. earlier than usual; [usual habit every 28 days, and flowing rather moderately. — Ex.]
E. [Menstruation was attended with more backache than usual in the sacral region, both preceding and during the flow, but especially at its beginning. There was also more pain than usual in the pelvis. No ovarian or uterine symptoms noted. — Ex.]

9. Urine

Summary of Analyses

Quantity: first increased, later diminished.
Specific gravity: practically unchanged.
Odor: pungent, becoming strong,
Color: pale straw throughout.
Reaction: acid throughout, becoming faint.
Total amount of solids: first increased, then markedly diminished (42 to 25 gms.).
Phosphates: increased (4.5 to 7.5 gms.).
Sulphates: decreased (.75 to .4 gms.).
Chlorides: increased (12 to 19.2), then decreased (to 9 gms.).
Urea: first increased (15 to 26.88 gms.), then decreased (to 8 gms.).
Percent. of urea: first increased, then diminished.
Uric acid: increased from inappreciable amount to .6 gms.
Indican: faintest trace February 20 only.

Bilirubin: none.
Albumin: trace February 17, only.
Sugar: none.
Ratio total solids to salts: decreased from 2.4 to 1 to 1.4 to 1.
Ratio of urea to phosphates: first increased and then decreased (3.3 to 1 to 1.6 to 1).
Ratio of urea to uric acid: increased from insufficient to estimate to 30 to 1.

SEDIMENTS

February 16 and 17, crystals uric acid few; casts none; red corpuscles few; pus cells many; epithelia from pelvis of kidney few; epithelia from vagina and bladder many; microscopical reports for several different dates practically unchanged from above.

10. Blood

SUMMARY OF EXAMINATIONS

Rapidity of flow became a little slow; no noticeable change of coagulation.
Percent. of hemoglobin: increased.
Number of red corpuscles: decreased.
Number of leucocytes: first increased, then returned practically to preliminary count.
Ratio of reds to leucocytes: diminished.

11. Bones and Muscular System

A. Pain in small of back; pain in back [2].
Sharp pain in back and r. shoulder, coming and going quickly.
B. Terrible backache from lower dorsal region downward [2].
Steady aching pain in lumbar region, less when in repose (approach of menses, but has never had this pain before).
C. Upon waking back began to ache; on waking limbs seemed very tired and stiff in joints.
Walking or carrying anything heavy causes pain in back.
Some pain in calves of legs.
D. Dull pain in back; some pain in shoulder.
E. Does not seem to have any strength and feels like lying down continually.
Aching pain in l. upper chest continued for 22 hrs., < on motion, such as bending over or taking deep breath, and present during ordinary respiration, although not so severe; pain somewhat < on going into open air.

14. General Systemic Conditions

Little or no sleep and much restlessness until 6 a. m.; poor sleep before midnight.

Sleep in latter part of night disturbed (by dreams and restlessness).

After good night's sleep very tired and felt like returning to bed.

Poor sleep[2] and restlessness in latter part of night.

Does not have any strength and feels like lying down continually.

[During proving of 18 days gained 1¾ lbs. in first 15 days, then lost 2 lbs. in last 3 days. — Phys. Exam.]

XI. Mr. W. E. B. of Rochester, N. Y.: university student; age 24; American parentage; male; single; height 5 ft. 10½ in.; weight 160 lbs.; skin fair; eyes blue; hair light auburn; temperament nervo-sanguine; constitution good. No predisposition to disease; no previous sicknesses, except measles and diphtheria; subject at times to slight catarrhal conditions of the throat or bronchi, but not subject to any other disturbance of health whatever; present state of health normal. Uses no tobacco, beer, or other alcoholic stimulants; uses tea and coffee in moderation and continues their use during the proving.

November 8, 1902. All preliminary examinations having been completed yesterday, began to-day with 5 d. doses of ϕ diluted with water, taken at 8 a. m. and 1 and 6 p. m. 3 p. m. strong inclination to sleep, lasting about 1 hr. During p. m. continually clearing throat of accumulated mucus.

November 9. 5 d. ϕ at 8 a. m., at 1:50 and 7 p. m. Hoarseness on waking; inclination to clear throat; on rising, griping pain in abdomen, below and to r. of navel, spreading from r. to l. > by urination. After 9 a. m. during remainder of day, pains in upper part of forehead, dull in character, going from r. to l. and vice versa, starting and ending in the same place; 1:45 p. m. drawing pain back of neck; 2:15 pain back of l. eye; 8 p. m. pulsating pain in second finger l. hand; 8:15 strong, sharp pain back of l. nipple, < gaping and upon deep inspiration, making breathing difficult for about ½ hr.

November 10. 5 d. ϕ at 7:15 a. m., 1:30 and 6:45. 7:05 a. m. momentary, sharp, darting pain in abdomen; 9 a. m. and 2:40 p. m. momentary pains above r. temple. Much mucus throughout day in lower part of throat. 4 p. m. pain in l. ear followed by slight pain in r. ear; 8:15 p. m. sharp pain in chest behind l. nipple < respiration; 9 p. m. drawing pain in l. foot in region of great toe; 10 p. m. pain in l. great toe streaking up to instep, appearing and disappearing suddenly, but lasting 15 min. Much mucus throughout day in lower part of throat; dry sensation of nose and upper chest; sticky white mucus in throat, hacking dry cough, hoarseness[2], < out of doors; almost suffocated sensation in breathing. (See Ex. Nose and Throat.)

November 11. 5 d. ϕ at 7 a. m. and at 12:45 and 7 p. m. Great dryness of throat, < in cold, outdoor air; constant need to clear throat. Upper part of chest very sore, < inhaling cool air; shortness of breath; coughing, which has become painful, both indoors and in outer air; this condition of chest has lasted for 3 days, though he has no sore throat or cold. 8:10 a. m. slight pain in both ears, extending across top of head from ear to ear; throughout the day, from time to time, slight, momentary, shooting pains, felt in l. hand and wrist, < in thumb and ball of thumb, r. temple, l. ankle, outside of calf of l. leg, in region of knee, r. side of head, l. knee, inside l. forearm, on bottom of l. foot, near middle toe, in l. foot, across toes and instep; 3:30 p. m. much dryness of throat and hoarseness, < in well-warmed room; it was difficult to speak so as to be easily understood; 4 p. m. strong pain in l. side of chest, back of l. nipple extending to back on same and then on opposite side, lasting about 3 min.; 4:50 p. m. drawing pain under both knees, < r.; 5:15 p. m. strong pains flying from l. knee to foot and back again for about 5 min; 7 p. m. pain back of l. nipple, so sudden and sharp as to cause raising of hand to chest and involuntary exclamation and gasp; 8:55 p. m. sudden, sharp rhythmical pain from r. hip to ankle, recurring for about 3 min. 8:45 p. m. intermittent, strong pains in r. side of chest, extending into armpits for about 3 min. [Prover feels as though there were a heavy weight on upper anterior chest, noticed mostly when he inspires. There is also sore feeling as from strain extending throughout a space enclosed between lines drawn horizontally through nipples and from nipples through supra-sternal notch; this sore feeling occurs at every breath and is < for 4 or 5 sec. after coughing. Prover has dry, hoarse cough, with expectoration of thick, nearly transparent, whitish mucus, twice only during day; says he has no cold; cough < by every exertion, however slight; cough < by bending forward, not by bending backward; cough < from riding wheel and from cold air. — Ex.]

November 12. 5 d. ϕ at 7 a. m. and at 5:25 p. m. Awoke with very dry throat, hoarseness, and could scarcely speak; tickling in trachea and large bronchi; through entire day a troublesome cough at intervals, excited at times by almost every breath and causing painful sensation in lower part of throat; constant clearing of throat and upper chest on going into cold air; upper chest sore; coughing painful in trachea; there were also sudden, sharp, flitting pains at various times during day, felt in l. side of abdomen, in end l. thumb, l. knee, l. groin, r. side of head above temple spreading like network over top of head, back of r. ear in 5 distinct darts, with dull pain between them, ceasing suddenly, on inside of l. foot, in r. hand, in l. index finger, in r. wrist and inside r. foot; there was also sharp pain back of l. nipple, < while inhaling; 9:45 a. m. severe, dull pain in r. hand, followed by burning sensation; dull pains were also felt at times in region of r. cheek bone, in l. hand and in r. foot; twitchings were experienced under r. knee and in inner corner r. eye; 10 p. m. aching back of jaws under ears. (See Ex. Nose and Throat.)

November 13. 5 d. ϕ at 7 a. m. and 12:45 and 9 p. m. From early

morning continued and very troublesome coughing; this was very painful, one coughing spell seemed to bring on another, the irritation being in lower part of throat or upper part of chest and trachea; tickling in trachea and painful cough; coughing gives relief only for a moment and does not eliminate tendency to cough again in 1 or 2 min. Constant necessity of clearing throat of accumulated mucus, which is thin, colorless, tasteless and difficult to dislodge; dryness of throat; hoarseness; upper part of chest very sore inside; feeling of suffocation; upper part of chest feels like a sponge through which he breathes with great difficulty, this condition noted even in warm, comfortable room and hardly speaking; heat of room induces hoarseness so that he can hardly speak; percussing chest induced coughing. Feeling of soreness along sternum to xiphoid appendix on taking long breath; tendency to breathe in a shallow manner, as deep breathing caused increase of pain or soreness; sharp, darting pains were felt at times in instep of l. foot, in r. arm extending from biceps muscle to end of fingers, over r. knee and in outside of l. foot, midway between toes and heel; 10 a. m. dull pain near lower end of thigh to knee, which seemed to come in slow waves with interval of about 2 sec. between; the pain in r. arm also came in distinct pulsations, during which he could seem to feel the beating of the pulse; 11:25 sudden, brief drawing pain above l. eye.

November 14. 5 d. ϕ at 7 a. m. and 8 a. m.; 10 d. ϕ at 12:45 and 6:30 p. m. Pulse 79 (sitting), 87 (standing) (same as prelim. count). Awoke very hoarse and scarcely able to speak audibly. Cough exceedingly troublesome throughout day, excited by breathing whether in or out of doors, for the most part dry and causing pain in lower part of throat, and when violent, causing dull ache in r. side of head; throat and mouth very dry, but not sore; lips and cheeks dry; soreness in upper part of chest; feeling in chest as if breathing through a sponge; difficulty in breathing; oppressed feeling in upper part of chest, with impulse to cough at almost every other breath; coughing relieves for few seconds only; constant irritation in upper part of chest with difficult breathing < when body is bending forward; coughing painful on account of excessive dryness of throat. Sharp, momentary, darting pains similar to those of yesterday at all times of the day and in all parts of the body, especially in r. side of head, in abdomen and in extremities; dull pains were also felt throughout the day, especially about top of head, at times accompanied by vertigo; dull pains were also felt about lower jaw and in various other portions of the body; pains both sharp and dull were noted a number of times about lower lip, about ears, in abdomen, especially from navel to r. groin; griping pain in r. groin. Tired feeling in both eyes, with slight dimness of vision. [Lachrymation increased < a. m., also some mucus in inner canthi, no other changes observed — Ex.] (See Ex. Nose and Throat.)

November 15. 10 d. ϕ at 7:40 a. m., 1:45 and 7:45 p. m. Hoarseness on waking; chest less sore, but oppression still noted and sensation as if breathing through sponge; cough somewhat less trouble-

some, markedly aggravated by outside air and > at times by raising a thick, dark-colored mucus in small quantity, dislodged with difficulty from lower part of throat. Both sharp and dull pains continue to be felt as yesterday, only in less degree; sharp, darting pain in r. leg from hip to ankle; light, whistling sound in both ears for about ½ min. accompanied by sensation of fulness in both ears, leaving suddenly; three successive darts of pain in r. ear; dull pains, especially felt in r. side of head.

November 16. 10 d. ϕ at 9 a. m., 1:45 and 6:45 p. m. Awoke with much hoarseness, difficult breathing and dry cough; throat and mouth very dry; talking difficult; 10:50 a. m. sharp pain in r. arm, extending to end of fingers in pulsating waves; eyes tired and some secretion in them on waking; 4:30 dull pain in head for an hour < on motion; sharp pain in l. heel, in front of r. ear and in lower part of abdomen; dull pain on top of head and in r. ear; drawing pains in l. instep, over r. knee and above l. eye.

November 17. 10 d. ϕ at 7 a. m., 1 and 6:50 p. m. Cough continues, with oppressed feeling in chest and soreness; throat and mouth dry; some mucus dislodged with difficulty from lower part of throat. For nearly 2 hrs. dull pain in small of back, extending around l. side of waist to abdomen; sharp, shooting, momentary pains were felt during the day in various parts of the body, especially in r. side of head and in upper and lower extremities; sharp, darting pains in both armpits; sharp pain under sternum; sharp, shooting pains in l. ear, dull pains in r. ear; sharp, shooting pains in both legs from knee to ankle; pain in r. groin, felt only when gaping or taking long breath; feeling of fulness in both eyes, and eyelids feel swollen; tired feeling in eyes, and lids feel sore and itch. [Lachrymation and mucous secretion still increased; hyperemia of lids <, also that of discs < r. — Ex.]

November 18. 10 d. ϕ at 9 a. m. and 1:45 and 6:55 p. m. Eyes felt sore on waking, with secretion present and forming in corners of eyes during entire day; itching around eyelids all day. Sharp, shooting pains recurring in all parts of the body during the day and as frequent in evening as during daytime, < when sitting down and quiet; pains did not seem to produce any nervousness by their frequency, felt chiefly on r. side of head, in l. ear and in both hands and feet; sharp pain in l. leg from knee to ankle and dull pain in entire r. limb. Hoarseness continues, but voice less indistinct; chest less sore, but upper part of chest and throat very sensitive to cold air when breathed.

November 19. 20 d. ϕ at 8:10 a. m., 1.20 and 7:30 p. m. Outer air caused wheezing sensation in upper chest and inclination to cough and watering of eyes; eyelids, on both sides, feel sore and irritated, with itching in r. eye; desire to rub lids and wink; eyes sensitive to light. Sharp, darting and sometimes momentary, dull pains, especially about toes, feet and ankles, also about hands. Dull headache much of the day, < r. becoming intense, extending over entire top of head and across forehead, < motion and noise, > by eating; head has felt very heavy; has felt

quite nervous, made irritable by slight noises; sharp, shooting pains in l. ear and r. side of chest; sharp, darting pain through chest at l. nipple; evening very nervous and easily irritated on slight provocation; found it difficult to sit quietly while studying. [Condition of eyes remains the same. — Ex.] (See Ex. Nose and Throat.)

November 20. 20 d. ϕ at 7:45 a. m., 12:45 and 5:15 p. m. Outer air caused tears to overflow cheeks freely; eyes feel tired; eyelids feel somewhat sore; secretion forms in inside corners of both eyes; twitching of r. upper eyelid; stinging sensation in l. mastoid; sharp, shooting pains, also momentary dull pains in many parts of body, especially about wrists and ankles; sharp pains in r. armpit, back of l. ear, in lower part of face, r. and l., in r. shinbone; severe, sharp, darting pain in lower part of abdomen and region of scrotum, proceeding to anus, causing prover to double up for a time because of its severity; there has been no headache or recurring pain in head to-day. [Lachrymation more profuse; lids sore; twitching of r. upper lid; atmosphere seems cloudy, with no objective conditions present to account for the symptom. — Ex.]

November 21. 20 d. ϕ at 7 a. m., 2:20 and 7 p. m. Pulse (sitting) 74, (standing) 89. Chest again very much oppressed, with difficulty in breathing without coughing; chest felt quite full; thick, yellow mucus was dislodged two or three times during morning with some relief to cough; breathing caused wheezing sounds in upper part of chest; momentary, dull pain back of l. nipple; dimness of vision for both near and distant objects, distant objects being proportionately more indistinct than those near; less secretion in eyes; sore feeling around edge of eyelids; eyes feel tired; "nose feels as though it were thick," no change in appearance; slight rash on middle of chest, < by getting warm; for 3 days there has been an eruption near r. lower jaw; quick pains, both sharp and dull, have again appeared about r. side of head and in other localities, but particularly in both hands. (See Ex. Skin.)

November 22. 20 d. ϕ at 7:10 a. m., 12:30 and 9 p. m. For last 3 nights have felt irritable and nervous during evening and found it difficult to preserve an even temper, and have secured only about 5 hrs. restless sleep each night instead of 8 hrs. sound sleep, as customary. Throat and upper part of chest wheezy this morning on waking; wheezing on inspiration and expiration; secretion in inner corners of eyes: eyelids feel sore; eyes water on going into open air; small, sore pimple in r. upper eyelid. Momentary, sharp and dull pains, sometimes pulsating, in various localities, especially about feet and knees; cough continues dry and irritating, causing tickling sensation but no pain < by exertion, by cold, damp air, and on going to bed, > by bending forward; sneezing causes "a raw feeling behind sternum as though something was rattling against front of chest"; rawness extends to xiphoid appendix; wheezing feeling in chest as though he could not get air enough, but no pain; respiration quickened to 22.

November 23. 20 d. ϕ at 1, 2:50 and 6:30 p. m. Soreness of eye-

lids with itching; eyes watery; dull tired feeling in eyes; chest wheezy with very little mucus dislodged; dull pain in r. side of face for 2 hrs, < near outer corner of eye; sharp, darting pains in l. side, just below last rib, felt on expiration; other momentary pains as heretofore, only >.

November 24. Drug discontinued. Eyes feel very tired; some photophobia in daylight; lids feel sore and itch; almost constant dull pain in r. outer canthus; both sharp and dull pains in l. ear; sharp, shooting and momentary dull pains in r. side of head, in toes of l. foot, thumbs of both hands and in both knees. [Pimple on edge of lower lid; hyperemia of palpebral conjunctiva and of fundus somewhat more than on prelim. exam. — Ex.]

November 25. Eyes water in open air; throat full of mucus replaced as fast as it was removed; chest not sore though still feeling wheezy. Quick, dull pain in r. hand, and sharp, darting pain in l. hand; eruption on sternum is fading away.

November 26. No symptoms. Pulse (sitting) 89, (standing) 97. (See Ex. Nose and Throat.)

November 27. No symptoms.

November 28. Chest quite sore and wheezy; difficult to breathe cold air unless doing it quite slowly; mucus continues to gather in lower part of throat and it is difficult to remove.

November 30. Dull pain in r. side of head extending to neck; dull pain in l. lower limb; darting pain in r. ankle and foot and in r. hand; coughed frequently all day.

December 1. Sharp, darting pains in back of r. hand and in r. foot.

December 3. Dull pain in r. foot. Since stopping the drug, November 24, the pains mentioned occurred less frequently, but when they did occur they were far more severe than when taking the drug.

CONDITIONS OF THE WEATHER AT ROCHESTER, N. Y., OFFICE

Observations made at 8 a. m. by United States Weather Bureau

1902	Wind	Velocity	Humidity	Temperature	Weather
Nov. 8	S. W.	3	78	33	Clear
" 9	S.	7	66	34	Clear
" 10	N.	7	84	52	Sprinkling
" 11	S.	5	61	35	Cloudy
" 12	S.	13	81	61	Cloudy
" 13	E.	5	92	44	Cloudy and light fog
" 14	S.	6	69	62	Cloudy
" 15	S.	16	83	58	Cloudy
" 16	N. W.	7	85	44	Cloudy
" 17	E.	7	86	44	Cloudy
" 18	S.	10	82	51	Cloudy
" 19	W.	4	92	48	Cloudy
" 20	S.	4	93	38	Clear
" 21	S.	10	89	53	Cloudy
" 22	S.	8	84	52	Cloudy
" 23	N.	13	71	33	Cloudy
" 24	S. W.	18	61	48	Cloudy
" 25	W.	4	81	36	Cloudy
" 26	N. E.	9	96	32	Snow

1. Mind and Nervous System

No predisposition to, or previous, disease involving the mind or nervous system. Present condition as regards mind and nervous system excellent. Natural disposition even, unimaginative, quiet, reserved and cheerful; no vertigo; sleep quiet and restful.

A. 3 p. m. strong inclination to sleep, lasting about 1 hr. During day pains in upper part of forehead, dull in character, going from r. to l. and vice versa, starting and ending in same place. Momentary, sharp, darting pains in abdomen; in l. side of abdomen; in lower part of abdomen[2]; above r. temple; in l. hand and wrist[2], < in thumb and ball of thumb; in r. temple; l. ankle; outside of calf of l. leg; region of knee; r. side of head[7]; l. knee[4]; inside l. forearm; bottom l. foot near middle toe; in l. foot, across toes and instep; end l. thumb; l. groin; r. side of head, above temple, spreading like network over top of head; back of r. ear, in five distinct darts, with dull pain between them, ceasing suddenly; on l. side foot; r. hand; l. index finger; r. wrist[2]; inside r. foot; instep l. foot; r. arm extending from biceps muscle to end of fingers; over r. knee[4]; in outside l. foot midway between toes and heel; at all times of day and in all parts of body[3], especially r. side of head[2], in abdomen and in upper and lower extremities[2]; about lower lip, ears and abdomen, especially from navel to r. groin; in r. leg, extending from hip to ankle; l. heel; front of r. ear; in r. arm, extending to end of fingers, in pulsating waves; in r[2]. and l. armpits; under sternum; in r. and l. legs from knee to ankle; in all parts of body during day and as frequently during evening as during day, < sitting down and quiet, and not seeming to produce any nervousness by their frequency; l. ear; r.[3] and l.[3] hands; r.[3] and l.[2] foot; about toes, feet, ankles[2], also hands; r. side of chest; through chest at l. nipple; back of l. ear; lower part of face, r. and l.; r. shin bone; region of scrotum proceeding to anus causing prover to double up for a time because of its severity; l. side just below last rib; toes of l. foot; thumbs of both hands; r. ankle; back of r. hand. Drawing pain in l. foot, in region of great toe. Pain in l. great toe streaking up to instep, appearing and disappearing suddenly, but lasting 15 min. Strong pains flying from l. knee to foot and back again for about 5 min. Pain back of l. nipple so sudden and sharp as to cause raising of hand to chest and involuntary exclamation.

Sudden, sharp, rhythmical pain from l. hip to ankle, recurring for about 5 min.

Intermittent, strong pains in r. side of chest, extending into armpit.

Sharp pain back of l. nipple, < while inhaling.

B. Dull pain in r. side of head caused by violent coughing.

Dull pains about top of head, at times accompanied by vertigo.

Dull pains in r. side of head; dull pain in head for 1 hr. < on motion; dull pain in top of head.

C. Dull headache much of the day, < r., becoming intense, extending over entire top of head and across forehead, < motion and noise, > eating.

Head has felt very heavy.

Has felt quite nervous.

Made irritable by slight noises.

Evening very irritable and made nervous on slight provocation.

Found it difficult to sit quietly while studying.

Momentary, dull pains, especially about toes, feet, ankles[2], wrists and hands[2]; in many parts of body; about r. side of head[2]; toes of l. foot; thumb of l. hand; both knees; about l. foot; r. foot.

For last 3 nights has felt irritable and nervous during evening, and found it difficult to preserve an even temper, and has secured only about 5 hrs. restless sleep each night, instead of 8 hrs., as customary.

Momentary, sharp and dull pains, sometimes pulsating, in various localities, especially about feet and knees.

E. [7 days after stopping drug, the pains mentioned occurred less frequently, but when they did occur they were far more severe than when taking the drug. — D.]

[Symptoms of an objective character have not been observed. — Ex.]

2. Eyes

No predisposition to, or previous, disease of the eyes of any moment. Present condition practically normal, with exception of slight hyperemia of the palpebral conjunctiva and of the discs upon both sides. Vision without glasses 20/20 r. and l.

A. Pain in back of l. eye.

Twitchings in inner corner of r. eye.

Sudden, brief, drawing pain above l. eye.

Tired feeling in both eyes[6], with slight dimness of vision; dull, tired feeling in eyes.

[Lachrymation increased, < a. m., also some mucus in inner canthi. No other changes observed. — Ex.]

B. Eyes tired and some secretion in them on waking.

Feeling of fulness in both eyes.

Eyelids feel swollen.

Eyes feel sore and itch.

[Lachrymation and mucous secretion still increased. Hyperemia of lids increased, also that of discs, < r. — Ex.]

C. Eyes felt sore on waking, with secretion present and forming in corners of eyes during entire day.
Itching around eyelids all day.
Watering of eyes [2].
Eyelids on both sides feel sore and irritated, with itching in r. eye.
Desire to rub eyelids and to wink.
Eyes sensitive to light.
[Condition of eyes remain the same. — Ex.]
Eyelids feel somewhat sore.
Secretion forms in inside corners of both eyes [2].
[Lachrymation more profuse; lids sore; twitching of r. upper lid; atmosphere seems cloudy, with no objective condition present to account for the symptom. — Ex.]

D. Dimness of vision for both near and distant objects, distant objects being proportionately more distinct than those near.
Sore feeling about edge of eyes.
Eyes feel sore.
Eyes water on going into open air [2].
Small, sore pimple in r. upper eyelid.
Eyelids feel sore [2] and itch [2].

E. Some photophobia in daylight.
Almost constant dull pain in r. outer canthus.
[Pimple on edge of lower lid. Hyperemia of palpebral conjunctiva and of fundus somewhat more than on preliminary examination. — Ex.]

Summary of effects during proving. [Pimple on r. lower lid.
Nervous action of lids remained normal.
Lachrymal secretion moderately increased.
Palpebral circulation slightly increased.
Retinal circulation increased slightly, more on r. side.
Optic disc became increasingly more hyperemic, especially on r. side.
No effects were noticeable upon pupils, tension media, visual acuity, ciliary muscle, muscle balance, reflexes or color perception. — Ex.]

3. Ears

No hereditary predisposition to, or previous disease of, the ears. Ears practically normal in every respect upon preliminary examination, with the exception of excessive cerumen and slight hyperemia of Mtt.

A. Pain in l. ear followed by slight pain in r. ear.
Slight pain in both ears extending across top of head from ear to ear.

Sudden, sharp, flitting pain back of r. ear, with 5 distinct darts, with dull pain between them, ceasing suddenly.
Aching back of jaws under ears.

B. Pains both sharp and dull about ears.
Light whistling sounds in both ears for about ½ min., accompanied by sensation of fulness in both ears, leaving suddenly.
Three successive darts of pain in r. ear.

C. Sharp pain in front of r. ear.
Dull pain in front of r. ear.
Sharp, shooting pains in l. ear[2]; also in r. ear.
Dull pains in r. ear.

D. Sharp pains back of l. ear.
Stinging sensation in l. mastoid.

E. Both sharp and dull pains in l. ear.
[The only symptoms developed in connection with the ears were the pains in and about the ears. — Ex.]

4. Nose and Throat

No predisposition to disease of nose or throat, except that mother had catarrhal throat; no previous disease except post-nasal catarrh and throat often sore; general catarrhal condition of upper air passages; mucous membrane of nose very red; naso-pharynx red and rather dry; glands prominent and red in oro-pharynx; glosso-epiglottic fossa, epiglottis and aryteno-epiglottic fold hyperemic; vocal bands pink, but visible portion of trachea quite normal; voice not husky or weak, and prover has cough only when throat is sore.

A. During p. m. continually clearing throat of accumulated mucus; inclination to clear throat; continually clearing throat by hemming; constant need to clear throat; constant necessity of clearing throat of accumulated mucus, which is thin, colorless, tasteless and difficult to dislodge.
Hoarseness on waking[3]; hoarseness.
Much mucus throughout day in lower part of throat[2], dislodged with difficulty.
Dry sensation of nose and upper chest.
Sticky, white mucus in throat.
Hoarseness < out of doors[2], with almost suffocated sensation in breathing.
[November 10. Membrane of pharynx and larynx paler than upon first exam.; glands on posterior walls show more distinctly against the pale background. — Ex.]
Great dryness of throat[4], < cold, out-of-door air.
Much dryness of throat and hoarseness, < in well-warmed room; difficult to speak so as to be easily understood.

B. Very dry on waking, with hoarseness, could hardly speak; talking difficult[2].

[November 12. Pharynx and larynx seemed more shiny, and covered with thin layer of glairy mucus; posterior ends of inferior turbinates slightly more boggy; membrane of nose seems dryer and not so red; vocal cords deep pink, action good. — Ex.]

Throat and mouth very dry[3], but not sore.

[November 14. Membrane of larynx, pharynx and nasopharynx dry and pale. — Ex.]

C. Throat very sensitive to cold air when breathed.

[November 19. Membranes of pharynx and larynx more moist. — Ex.]

D. Nose "feels as though it were thick"; no change in appearance.

Throat and upper part of chest wheezy in morning on waking.

E. Throat full of mucus, replaced as fast as removed.

[November 26. Membranes more moist and redder; voice clearer, less cough and clearing of throat. On final exam. vocal bands nearly normal in color, and visible portion of trachea slightly hyperemic (normal on prelim. exam.). Changes noted could not have been caused by altered atmospheric conditions or by a cold. — Ex.]

Summary: [On second day of drug the membranes of the pharynx and larynx changed from the bright congested color to a paler hue; they were dryer, while vocal cords were more congested; the swollen glands on posterior pharynx showed more plainly against the paler background; this dryness and bleaching in color continued for eight days, while cords remained pink; on tenth day and after, more mucus was seen and former color began to return. The nose did not change until the fourth day, when it was paler and dryer; this was very slight. There was increasing hoarseness until the tenth day, with frequent short coughs, dry, with constant clearing of throat, when it gradually grew less. From second day increasing dryness of throat, with constant desire to clear throat by hemming and coughing; wanted to drink often only to moisten throat, < out of doors. — Ex.]

[Sense of smell unaffected during proving. — Phys. Ex.]

5. Respiratory System

No hereditary predisposition to, or previous, disease of the chest. No present disturbances in the chest; general shape and conformation normal; vesicular breathing on inspiration and expiration; respiration 16.

A. During p. m. continually clearing throat from accumulated mucus; inclination to clear throat; continually clearing throat by hemming; constant need to clear throat; con-

stant necessity of clearing throat of accumulated mucus, which is thin, colorless, tasteless and difficult to dislodge.

Hoarseness on waking[3]; hoarseness.

8:15 p. m., strong, sharp pain in chest back of l. nipple, < gaping and upon deep inspiration, making breathing difficult for about ½ hr.[2]

Much mucus throughout day in lower part of throat[2], dislodged with difficulty.

Upper part of chest very sore inside[8], < inhaling cool air[3].

Shortness of breath.

Coughing, which has become painful, both indoors and in the outer air; [this condition of chest has lasted for three days, though he has had no sore throat or cold. — D.]

Much dryness of throat[4] and hoarseness, < in well-warmed room; difficult to speak so as to be easily understood.

4 p. m. strong pain in l. side of chest, back of l. nipple, extending to back on same, and then on opposite side, lasting about 3 min.

7 p. m. pain back of l. nipple, so sudden and sharp so to cause raising of hand to chest and involuntary exclamation and gasp.

[Prover feels as though there were a heavy weight on upper anterior chest, noticed mostly when he inspires. There is also sore feeling, as from strain, extending throughout a space enclosed between lines drawn horizontally through nipples through supra-sternal notch; this sore feeling occurs at every breath and is < for 4 or 5 sec. after coughing. Prover has dry, hoarse cough, with expectoration of thick, nearly transparent, whitish mucus twice only during day; say she has no cold. Cough < by every exertion however slight; cough < by bending forward, not by bending backward; cough < by riding a wheel and from cold air. — Ex.]

Very dry throat on waking, with hoarseness, could hardly speak; talking difficult[2].

Tickling in trachea and large bronchi.

Through entire day a troublesome cough at intervals, excited at times by almost every breath[2], and causing painful sensation in lower part of throat.

Constant clearing of throat and chest on going into cold air.

Coughing painful in trachea.

Sharp pain back of l. nipple, < while inhaling.

B. From early morning continuous and very troublesome coughing, which is very painful; one coughing spell seemed to bring on another, the irritation being in lower part of throat or upper part of chest and trachea, with tickling in trachea; the coughing giving relief only for the moment and not eliminating tendency to cough again in 1 or 2 m.

Feeling of suffocation.

Upper part of chest feels like a sponge through which he breathes with great difficulty ; this condition noted in warm, comfortable room and hardly speaking ; sensation in chest as though breathing through a sponge [2].

Heat of room induces hoarseness so that he can hardly speak.

Percussion of chest induced coughing.

Feeling of soreness along sternum to xyphoid appendix on taking long breath.

Tendency to breathe in a shallower manner, as deep breathing caused increased pain and soreness.

Awoke very hoarse and scarcely able to speak audibly.

Cough exceedingly troublesome throughout day, excited by breathing, whether in or out of doors ; for the most part dry and causing pain in lower part of throat, and, when violent, causing dull ache in r. side of head.

Oppressed feeling in upper part of chest [4], with impulse to cough with almost every other breath, the cough relieving for few seconds only.

Constant irritation in upper part of chest, with difficult breathing, < body bending forward.

Coughing painful on account of excessive dryness of throat.

Marked aggravation of cough by outside air and amelioration by raising a thick, dark-colored mucus in small quantity, dislodged with difficulty, from lower part of throat.

Awoke with hoarseness, difficult breathing and dry cough.

C. Outer air caused wheezing sensation in upper chest, and inclination to cough.

Chest felt quite full.

Some relief to cough from dislodging thick, yellow mucus 2 or 3 times during a. m.

Wheezing sounds in upper part of chest on breathing ; throat and upper part of chest wheezy on waking ; wheezing on inspiration and expiration ; wheezing feeling in chest as though he could not get air enough, but no pain ; (respiration quickened to 22) ; chest wheezy [3] with very little mucus dislodged.

D. Cough dry and irritating, causing tickling sensation but no pain, < by exertion, by cold, damp air and on going to bed ; > by bending forward.

Sneezing causes "a raw feeling behind sternum and as though something were rattling in front of chest" ; rawness extends to xyphoid appendix.

Sharp, darting pains on l. side, just below last rib, felt on expiration.

E. Difficult to breathe cold air unless doing it quite slowly (on account of soreness and wheezing in chest).

Mucus continues to gather in lower part of throat and is difficult to remove.

6. Circulatory System

Heart's action and sounds normal in every particular; pulse rate (sitting) 84, (standing) 100; strength and tension normal.

A. Pulsating pain in second finger, l. hand.
C. Pain in r. arm in distinct pulsations during which he could seem to feel the beating of the pulse.
E. Momentary, sharp and dull pains, sometimes pulsating, in various localities, especially about feet and knees.

Summary: Heart's action became somewhat more rapid as proving progressed and somewhat weaker.
Heart sounds were clear and distinct throughout proving.
Pulse became more rapid and weaker.
Tension not increased, if anything decreased, continued regular throughout proving.

7. Alimentary System

A. Griping pain in abdomen below and to r. of navel, spreading from r. to l. > by urination.
Momentary, sharp, darting pain in abdomen.
B. Sharp, flitting pain in l. side of abdomen.
C. Throat and mouth very dry, but not sore[3]; lips dry.
Sharp, darting pains in abdomen, especially from navel to r. groin.
Griping pains in r. groin.
D. Pain in r. groin.
E. Severe, sharp, darting pain in lower part of abdomen proceeding to anus, causing prover to double up for a time on account of its severity.
[Perception of taste for bitter slightly more acute; for sweet and sour unchanged. Triangular coat on base of tongue, slight grayish coat on sides; papillæ prominent; clear triangle at tip; this condition of tongue observed November 14 and 21, with coating clearing on 26th, but papillæ remaining prominent. — Phys. Exam.]

8. Genito-Urinary System

No predisposition to, or previous, disease of this tract and present condition normal, except one inguinal gland slightly enlarged on each side.

A. Severe, sharp, darting pain in region of scrotum.
Examinations — showed no changes in any respect in Genito-Urinary System; inguinal glands also being unaffected.

9. Urine

SUMMARY OF ANALYSES

Quantity: diminished greatly (2200 to 1100 c.c.).
Specific gravity: increased (from 1012 to 1030).
Odor: unchanged.
Color: slightly darker.
Reaction: unchanged (acid).
Total solids: increased (from 61.6 to 91 gms.).
Phosphates: earthy, increased.
Alkaline phosphates: diminished.
Chlorides: markedly diminished.
Per cent. of urea: practically doubled.
Per cent. of uric acid: markedly increased.
Indican: increased in last specimen only.
Bilirubin, albumin and sugar: absent.

10. Blood

SUMMARY OF EXAMINATIONS

Percent. of hemoglobin: increased.
Number of red discs: slightly increased.
Number of white cells: decreased.

11. Bones and Muscular System

A. Drawing pain back of neck; in l. foot and region of l. toe; in both knees; l. instep and over r. knee.

Pulsating pain in second finger l. hand; pain in r. arm in distinct pulsations.

Pain in l. great toe, streaking up to instep, appearing and disappearing suddenly, but lasting 15 min.

Slight, momentary, shooting pains in l. hand and wrist, < in thumb and ball of thumb; in region of knee; l. knee; inside of l. forearm; bottom l. foot near middle toe; l. foot across toes and instep.

Strong pains flying from l. knee to foot and back again.

Sudden, sharp, rhythmical pain from l. hip to ankle.

Sudden, sharp, flitting pains in end of l. thumb; l. knee; inside l. foot; r. hand; l. index finger; r. wrist; inside of r. foot.

Severe, dull pain in r. hand, followed by burning sensation.

Dull pains in l. hand and r. foot[2]; near lower end of thigh to knee, which seemed to come in slow waves; about lower jaw; in small of back extending around l. side of waist; in entire r. limb; about toes, feet[2], ankles[2] and hands[2] (momentary); wrists; r. shin bone; knees[2]; toes in l. foot; thumbs of both hands; r. hand; l. lower limb.

Twitchings under r. knee.

Quick, sharp, darting or shooting pains in l. instep; r. arm extending from biceps to ends of fingers; over r. knee; outside l. foot midway between toes and heel, especially in upper and lower extremities[2]; in r. leg extending from hip to ankle; l. heel; in r. and l.[2] legs from knee to ankle; l. and r. hand; r. and l. foot; r. hand[5]; l. hand[5]; r. foot[4]; l. foot[3]; ankles[2]; wrists[2]; knees[2]; about toes, r. and l.[2]; r. shin bone; thumbs of both hands and back of r. hand.

12. Skin

No hereditary tendency to skin diseases or previous skin affections; skin normal in all respects.

A. Slight rash on middle of chest, < getting warm.

For 3 days an eruption under r. lower jaw.

[November 21. In last 3 days a papular eruption has developed over upper part of sternum (4 days later this was fading away); eruption is papular, dark reddish color, discrete and varying in size from small to large shot; itching, < scratching; no stinging or burning; itching < getting warm. Prover claims he never had an eruption resembling this before. — Ex.]

B. Small, sore pimple on r. upper lid.

C. Pimple on edge of lower lid.

13. Tissue Changes

Small, sore pimple on r. upper eyelid.

Pimple on edge of lower eyelid.

14. General Systemic Conditions

Very nervous; found it difficult to sit quietly while studying.

For 3 nights, 5 hrs. restless, instead of 8 hrs. sound sleep, as customary.

Nervous and irritable.

XII. Mr. W. E. B. of Rochester, N. Y. (second proving). [The prover was given to understand that this was a different drug for obvious reasons; he was requested to take the drug in warm water, it having been previously sweetened somewhat by the use of milk sugar, to disguise the taste. We are quite certain that he did not realize that he was taking the same drug from the beginning to the end of the proving. Our object in making another proving with the same drug and the same individual was because it was now vacation time in college and we could give the full dose of the drug with-

out interfering with his studies. During the previous proving we were unable to push the drug to its limit without interfering with his college work. — D.]

December 17, 1902. 30 d. ϕ at 1:30 and 8 p. m. Cramping sensation in abdomen, quite severe but of short duration; no other symptoms.

December 18. 30 d. ϕ at 7:30 a. m., at 12:30 and 8 p. m. No symptoms.

December 19. 30 d. ϕ at 8 a. m. and 1:30 p. m. 3:15 p. m. cramps in abdomen; 3:30 painful dryness in mouth and throat with difficulty in swallowing; 9:30 dull pain in l. side of head, of short duration; three different times during day dull pain in r. ankle and foot, of such severity that it was necessary to limp for three or four steps. The pains came on while walking and were located in the outside of foot and ankle.

December 20. 30 d. ϕ at 7:15 and 11:30 a. m., and 5:30 p. m. After rising lungs were very wheezy; 8 a. m. mouth and throat very dry; 9:20 dull pain in outside of r. lower limb; 10 a. m. lower part of throat especially dry. No symptoms during remainder of day, except continued dryness of mouth and throat.

December 21. 30 d. ϕ at 9:30 a. m. and 4 d. at 1:25 and 30 d. at 7:20 p. m. 10:35 two sharp pains in r. hand and l. ear simultaneously; 10:40 darting pain in r. ear; 11:25 momentary, dull pain in l. foot; 12 m. dull pain in calf and ankle of r. leg followed by dull pain in l. knee, and then transferred to r. hand, becoming a sharp, stinging pain in r. thumb; 3 p. m. sudden, dull pains in l. side of face, especially in l. lower jaw, recurring suddenly at intervals during day in l. lower jaw, covering small space only, and not severe but quite uncomfortable; 4:50 darting pain in r. foot; 8:30 sharp pains in r. knee followed by darting pains in r. ear.

December 22. 30 d. ϕ at 7:05 a. m.; 40 d. ϕ at 2:30 and 7:35 p. m. After rising upper part of chest felt wheezy with difficulty in breathing on this account; during a. m. 3 semi-solid or watery evacuations; 2:10 p. m. shooting pain in l. upper arm; dull pain in r. foot continuing nearly 2 hrs, < chiefly when not moving about; 8 p. m. sharp, darting pain in r. foot almost continuous for a while; mouth and throat very dry; hard to swallow; wheezy breathing morning and night; hacking cough; hemming, no mucus. [Mouth, pharynx and larynx look paler and dry; posterior tips inferior turbinate pink. — Ex.]

December 23. 40 d. ϕ at 8:15 a. m., at 1:40 and 8:30 p. m. Slight cramp in abdomen soon after breakfast; watering of eyes while in open air noticed both morning and evening; eyes felt weak all the p. m. and evening; 2 evacuations of solid consistency during a. m; momentary, sharp pain in back of r. hand and entire length of l. arm; for past 2 or 3 days there has been a sore near great toe on r. foot; the pains are quite severe at that place. [See Ex. Eyes.]

December 24. 40 d. ϕ at 7:45 a. m., 11:50 a. m., and 8:25 p. m. Slept poorly last night, being awake about 3 hrs. out of 8.

Mouth and throat very dry, causing soreness; nose watery; hoarse; hard to make muscles of throat act when first swallowing; both tonsils very sore, < l.; almost continuous pain in r. foot; eyes weak; vision dim and blurred except at distance. [Near point of diamond type 7 in. slight paralysis of accommodation. — Ex.] [Pharynx dry, shiny and congested, with thin dry mucus adherent. — Ex.]

December 25. 40 d. ϕ at 6:20 a. m., at 1:35 p. m. On rising mouth and throat very dry and so continued during day; in early a. m. discomfort in abdomen with accumulation of gas in abdomen for 3 hrs. in evening; oppression of chest toward evening with frequent tendency to cough, but not violently.

December 26. 40 d. ϕ at 8 a. m., 12:40 and 50 d. at 8:30 p. m. Watery morning evacuation; much gas in abdomen; found it difficult to breathe without coughing for about 1 hr. in a. m. Mouth and throat dry, but not sore; dryness of mouth and throat almost continuous since taking drug. [Appearance of pharynx same as 24th. — Ex.]

December 27. 50 d. ϕ at 7:45 a. m., 12:30 and 9:30 p. m. No symptoms during morning; in p. m. throat and mouth somewhat dry, but less than yesterday; throat and lower jaw quite sore most of p. m. and evening; 2 watery evacuations.

December 28. 50 d. ϕ at 7:45 a. m., 1:05 and 6:45 p. m., and then discontinued. Sleep poor toward morning, very restless 2 hrs. before rising; watery, morning evacuation; mouth and throat dry on rising, but less so than 3 or 4 days ago; eyes felt very tired and weak on attempting to read this a. m. and reading matter seemed indistinct and blurred; in evening reading impossible without straining eyes; throat quite sore this p. m.

December 29. Throat felt wheezy this a. m.; watery, early morning evacuation; mouth and throat less dry.

CONDITIONS OF THE WEATHER FOR ROCHESTER, N. Y., OFFICE

Observations made at 8 a. m. by the United States Weather Bureau

1902	Wind	Velocity	Humidity	Temperature — F.
Dec. 17	S. W.	15	81	28
" 18	W.	20	87	31
" 19	S. W.	32	57	38
" 20	E.	7	86	29
" 21	S.	13	73	42
" 22	W.	18	85	40
" 23	N.	9	80	22
" 24	S.	6	87	18
" 25	N.	15	80	21
" 26	W.	6	92	21
" 27	W.	9	86	20
" 28	S.	12	85	19

1. Mind and Nervous System

A. Dull pain in l. side of head of short duration.
B. Two sharp pains in r. hand and l. ear simultaneously.
Sharp, stinging pain in r. thumb.
Sudden, dull pain in l. side of face, especially in lower jaw, recurring at intervals during day in jaw, covering small space only; not severe, but quite uncomfortable.
Darting pain in r. foot [2] almost continuous for a while.
Sharp pains in r. knee; back of r. hand; entire length of l. arm; shooting pain in l. upper arm.
C. Slept poorly, being awake about 3 hrs. out of 8.
E. Slept poorly towards morning; very restless 2 hrs. before rising.

2. Eyes

A. Watering of eyes while in open air, noticed both morning and evening.
Eyes feel weak [2] all p. m. and evening.
Vision dim and blurred, except at distance.
[December 24. Near point for diamond type 7 in. (4 in preliminary examination), slight paralysis for accommodation. — Ex.]
E. Eyes felt very weak and tired on attempting to read this a. m.
Print seems indistinct and blurred.
In evening reading impossible without straining eyes.

3. Ears

A. Sharp pain in l. ear.
Darting pains in r. ear.

4. Nose and Throat

A. Painful dryness in mouth [6] and throat [5] with difficulty in swallowing, < dampness, > cold air; lower part of throat especially dry.
B. Hemming, no mucus.
[Mouth, pharynx and larynx look paler and dry; posterior tips of inferior turbinates pink. — Ex.]
C. Dryness of mouth and throat causes soreness.
Both tonsils very sore, < l.
Nose watery.
Hoarse.
[Pharynx dry, shiny and congested, with thin, dry mucus adherent. — Ex.]
D. Mouth and throat very dry on rising [2].
[Appearance of pharynx same as on last examination. — Ex.]

E. Throat quite sore most of p. m.[2] and evening.
Throat felt wheezy in a. m.
[Sense of smell unaffected during proving. — Phys. Exam.]

5. Respiratory System

A. After rising, lungs were very wheezy.
B. After rising, upper part of chest very wheezy, with difficulty in breathing on this account.
Wheezy breathing, morning and night.
Hacking cough.
C. Oppression of chest toward evening, with frequent tendency to cough, but not violently.
D. Found it difficult to breathe without coughing for 1 hr. in a. m.
E. Throat felt wheezy in a. m.

7. Alimentary System

A. Cramping sensation in abdomen quite severe, but of short duration; cramps in abdomen; slight cramp in abdomen soon after breakfast.
B. Mouth[6] and throat[5] very dry.
During a. m. 3 semi-solid or watery evacuations.
Hard to swallow.
C. Hard to make muscles of throat act when first swallowing.
Early a. m., discomfort in abdomen; accumulation of gas in abdomen during evening; much gas in abdomen.
E. Three watery, morning evacuations; 3 watery, early morning evacuations.

9. Urine

Summary of Analyses

Specific gravity: diminished.
Quantity: diminished.
Reaction: faintly alkaline, from acid.
Total amount of solids: diminished.
Phosphates: diminished.
Sulphates: diminished.
Chlorides: diminished.
Urea: markedly diminished.
Uric acid: diminished.
Indican: present in trace.
Bilirubin: none.
Albumin: none.
Sugar: none.

11. Bones and Muscular System

A. Three different times during day, dull pain in r. ankle and foot of such severity that it was necessary to limp for 3 or 4 steps; the pains came on while walking, and were located in outside of foot and ankle.
B. Dull pain in outside of r. leg.
C. Momentary, dull pain in l. foot.
Dull pain in calf and ankle of r. foot, followed by dull pain in l. knee.
D. Dull pain in r. foot continuing nearly 2 hrs. < chiefly when not moving about.
E. Almost continuous pain in r. foot.

14. General Systemic Conditions

Slept poorly, being awake about 3 hrs. out of 8.
Sleep poor before morning, very restless 2 hrs. before rising.

XIII. Mrs. L. R. M. of Brooklyn, N. Y.: housewife; age 34; British W. I. nationality; female; married; 3 children; weight 159 lbs.; skin florid; eyes hazel; hair brown; temperament nervous; constitution hydrogenoid. Hereditary predisposition to gout; no previous sicknesses of moment except a miscarriage and an attack of pulmonary congestion; not subject to neuralgia except headache; not subject to rheumatism or catarrhal affections; subject to neuralgic and ocular headaches; no insomnia; subject to occasional circulatory disturbance, otherwise free from any tendency to abnormal conditions and present state of health good; very fond of coffee, which is not discontinued during proving.

April 21 to 24, 1902. Placebo. No symptoms unless those of slight alcoholic stimulation.
April 24. 10 d. 7 x. every 3 hrs. in aq. No symptoms.
April 25. 10 d. 7 x. every 2 hrs. No symptoms.
April 26. 10 d. 3 x. (5 doses during day). No symptoms.
April 27. 10 d. 3 x. (4 doses during the day). Sensation of constriction in throat; pharynx slightly congested; nose scabby and itching; no symptoms of cold; momentary, sharp, cramping pains from r. tonsil to larynx, leaving a little stiffness; desire to clear throat; soreness, dryness and roughness of throat; dryness of mouth; soreness in both nares equally, but no discharge; increased secretion of saliva, but with sensation of dryness in mouth; voice sounds husky and requires an effort to speak. [Obj. the only effect to be seen is a generally diffused redness of the whole mucous membrane of the pharyngeal nasal cavities. — Ex.]

April 28. 10 d. 3 x. (7 doses during day). Throat < with every dose; face flushed, < p. m.

April 29. 10 d. 3 x. (6 doses during day). 2 p. m. sore throat extends to trachea; neuralgic pain from back to neck to mastoid process and through r. face to temple and above r. eye [region supplied by r. small occipital nerve and the auriculo-temporal, also fibres of superior max. branch of the r. tri-facial. — Ex.] 7:50 p. m. headache focuses in r. eye as if it were going to burst open with pain, at the same time the eye feels smaller than the other and as if it were loose in its socket and rolling around, whether open or closed (but vision not affected) pressure > this rolling sensation; eye tender to pressure.

April 30. 10 d. 3 x. at 2 p. m. Hard headache continued [anterior portion of r. naris unusually dry. — Ex.]; constant desire to pick the nose.

May 1. 10 d. 3 x. (3 doses during day). Troubled dreams all night; headache whenever awake; heavy, aching pain in r. side of head, face and neck; slight backache; slight nausea.

May 2. 10 d. 3 x. at 12:30 and 7:15 p. m. Troubled dreams; during forenoon a stiff pain through l. chest from axilla backward to inferior angle of l. scapula upon turning head (worse if towards l.) or upon inclining it to l. shoulder; midnight, throat dry as if from dust, not > by water. [Entire mucous membrane has a normal appearance except thickened mucus in the anterior nares. — Ex.]

May 3. 10 d. 3 x. (3 doses during day). Troubled dreams; burning in rectum during and several min. after stool; throat still scratchy; stiff, muscular pains in neck on moving.

May 4. 12 d. 3 x. at 1 and 6 p. m. Troubled dreams; throat still more scratchy, dry and rough; burning in rectum again noticed as yesterday.

May 5. 15 d. 3 x. (4 doses during day). Troubled dreams; same burning in rectum; throat < after each dose, > by time next dose is due; 1 p. m. dragging pain about l. ovary; tired backache; during afternoon and evening flying pains in various parts of the body; feels heavy and logy; tongue feels too wide for mouth; tongue coated yellow at base; several times rigid spasms in region of larynx; evening, depressed, blue, worried, anxious, restless and tired; throat hurts, under angle of l. jaw, when swallowing; tonsils swollen and injected, < r.; pharynx injected and granular; soreness of throat extends to ears, < swallowing, talking or coughing.

May 6. 15 d. 3 x. (1st dec. dil. from ϕ) at 9:30 a. m. and at 1 and 6:30 p. m. No troubled dreams; awoke several times (especially 3 and 5 a. m.) with a jump and jaws set so tightly that they ached; more tired than yesterday morning; still blue and depressed; small fever-sore on lower lip near l. angle of mouth. 9:40 a. m. pressure in the chest; throat and chest so dry as to cause an occasional, single dry cough; roughness and pain in throat on swallowing, talking and coughing; aching pains from chest to back on breathing or coughing; 10 a. m. soreness of throat extended to ears, which began yesterday, is more marked; tight, swollen feeling in the pharyngeal muscles extended to the ears.

[Mucous membranes of mouth and pharynx appear perfectly normal, nares are both abnormally dry. — Ex.] Talking tired chest; impatient and wants to cry on being questioned; raw, scraping feeling from throat half-way down sternum; below this point a feeling of weight and pressure extended 2 in. to either side of, and to the end of, sternum; coughing and breathing makes pressure <; talking tires; chest seems too tight. [Inspiratory and expiratory sounds normal; resp. 20, pulse 76. — Ex.]

May 7. 15 d. 2 x. at 9 a. m., 1 and 10 p. m. Backache all night, < on motion > during day, but again < in evening; awoke very tired; throat and chest symptoms continue same as yesterday; throat symptoms > during day, < in evening; about 6 p. m. a slight, sticking pain in l. tonsil; eyes have felt > and been stronger all the time while taking drug in spite of using them almost constantly.

May 8. 15 d. 2 x. at 8 a. m. Sleep disturbed by jerking; awoke very tired; impatient; backache across waist line; burning in rectum as before; throat symptoms continue; 2 p. m. sudden severe pain as if something pressed into the heart, lasting a few min. and followed by dull, steady pain in the whole heart all the afternoon and evening; during afternoon and evening stiffness and aching in every joint; during evening headache all over head, > open air, less with hat on.

May 9. No drug. Troubled, restless sleep; awakened frequently by jumping; awoke very tired and with frontal headache; eyes stronger than usual, was able to read in spite of headache; burning at stool continues; throat looks same, feels >. All day sudden, fleeting pains (going suddenly) in all the teeth, alveolar processes and jaws < l. < pressure; teeth feel too long.

May 10. No drug. A better night, with no symptoms; an inflamed, tender pustule just within l. anterior naris on ala, with redness to tip of nose; nose feels sore and itches, with dryness high up within; a petechial rash becoming fine pustules on chest, back and outside of and under thighs, with slight itching.

May 11. No drug. Slept well. Rash continues on chest.

May 12. 20 d. 2 x. at 9 a. m., 12 m. and 6:30 p. m. Again slept well, no dreams; rash continues; throat begins to feel scratchy again; same backache across waist line returns; tired and cross.

May 12. 20 d. 2 x. at 9 a. m., 2.30 and 7 p. m. Troubled dreams about ineffectual efforts to do things; burning at stool again lasting about 5 min.; tired backache again; 2 p. m. face flushed, but not the forehead; face itches; nose dry; hands and feet cold; head warm; chills since one o'clock; chills "in little whirls all over." Drowsy; pulse 62; resp. 18; temp. 98.1 about 8 p. m; 8 or 10 pains in heart like those of May 8, but less severe, leaving the same after sensation (dull, steady pain in whole heart).

May 14. 20 d. 2 x. at 8, 10 a. m., 12:15, 2, 6 and 8 p. m. Disagreeable dreams "of vermin on me"; head heavy; back aching; restless; cannot settle to anything; throat same as yesterday; nose less dry; chilliness all day off and on; 9 p. m. backache decidedly better; throat < and redder, very sore and feels swollen; [prover generally feels better after the sun goes down. — D.]

May 15. 20 d. 2 x. at 9, 11 a. m., 1, 4:30 and 7 p. m. Awoke tired; broken sleep; dreams of things happening to others; back aches; stiffness in all the joints; throat symptoms same; tired feeling in chest as if she could not stand straight; itching of skin all over.

May 16. 20 d. 2 x. at 9 a. m., 11 a. m. and 2:15 p. m. Morning symptoms same as yesterday; throat better; 3 p. m. sudden rush of blood to head with red face; neck felt swollen; ears felt as if they would burst, lasted about 2 hrs., lessening gradually.

May 17. No drug. In morning felt particularly well and worked hard; 3 p. m. same rush of blood as yesterday, and again after supper, but of shorter duration.

May 18. 5 d. ϕ (drug power .1) in 4 oz. aq. at 1 p. m. (after dinner) and 6 p. m. 3 p. m. fulness of ears persists; hypersensitive to sounds. (See Ex. Ears.)

May 19. No drug. Slept badly; headache <.

May 20. 5 d. ϕ at 9:30 a. m., 1:15 and 7:15 p. m. Slept well; no headache; throat still sore and swollen; 2 p. m. great mental depression; tired and weak; heart seemed too large; face felt cold and as if growing white, but looked red and was objectively hot; after supper in evening air, l. cheek and ear red, hot and burning; throat <, congested, more scratchy and swollen; [tonsils swollen < r. — D.]

May 21. 5 d. ϕ at 9 a. m., 1 and 7:15 p. m. Dreamed all night of trying to do things and not succeeding; tired and blue; 2 p. m. headache came on preceded by fulness in throat; head full from l. to r. temple; throat same as yesterday; hands and feet cold.

May 22. 5 d. ϕ at 9 a. m. and 1 p. m. Slept well; throat <, deeper red and r. tonsil more injected; aches, pains and stiffness all over body.

May 23. 5 d. ϕ at 9 a. m., 1 and 6 p. m. Sleep broken; troubled dreams; throat aches.

May 24. 5 d. ϕ at 9 a. m. Slept badly; dreams troubled; awoke tired; aches all over < in back. [No change in eyes since previous exam.; able to do more with eyes than ever before; drug greatly benefits eyes; much less asthenopia. — Ex.]

May 25. 5 d. ϕ at 9 a. m. Symptoms same; 3 p. m. nervous, hurried feeling; throat >.

May 26. No drug. Slept badly; dreamed all night; 8.30 a. m. a frightened feeling, questioned herself, "Is this feeling like death?" nervous; heart felt too large; restless, depressed as if from shock; great weakness of limbs.

May 27. 10 d. ϕ at 5:30 p. m. Slept well, no bad or troubled dreams; during day feeling perfectly well; 6:15 p. m. a chill ran up the spine, followed by numbness across the back, below the waist, lasting 10 min., then suddenly a headache struck below the occipital boss ext. through to root of nose between the eyes; > and < suddenly, also gusts of aching pain through from l. to r. temple, behind and touching the eyeballs, which felt small and loose in their sockets and pushed forward < l. eye; the headache is > by bending head backward and by closing eyes; 8 p. m. throat slightly congested, feeling dry and constricted from ear to ear as

though choked by the hand; vision indistinct; pupils slightly enlarged; nose felt dry; face red below eyes; drowsy; feet and legs cold to knees; heart seemed to "flop" as if startled; pulse soft and slightly irregular.

May 28. 10 d. ϕ at 9 a. m. Troubled dreams; awoke tired; eyes feel too large for orbits and difficult to open wide; back tired; trembling limbs; dulness of thought; 9:20 a. m. chill up the spine, followed by slight tingling in spine; after about 3 min. numbness and pain across lower back which lasted until afternoon; all the a. m. same symptoms as last evening, passing off gradually in afternoon; all day and < this evening, buzzing tinnitus in both ears; 10:30 p. m. throat very red, swollen, < r. tonsil; feels dry and dusty, but looks moist. [Retina hazy and congested. — Ex.] (See Ex. Eyes.)

May 29. 10 d. ϕ at 9:15 a. m. Slight cough in night; slept badly; trembling of limbs; awoke tired; throat swollen and sore; eyes smart and burn; eyes feel too large for orbits and as if being pushed out; every sound is a buzz; buzzing even where there is no sound; vision misty; 9:30 chill as yesterday followed by same symptoms again; buzzing in ears constantly.

May 30. No record.

May 31. 10 d. ϕ at 9:30 and 12:30 p. m. Slept fairly well, no dreams; after morning dose symptoms as before, with headache as usual; slight pains in ears; after afternoon dose headache intense, "could not stand it," < on lying down but unable to sit up.

June 1. No drug; bad dreams; restless, unrefreshing sleep; awoke tired; sharp, shooting pains under l. breast several times during day.

June 2. 10 d. ϕ at 9, 10 a. m. Slept well all night, no dreams; 9:25 chill begins followed by headache, as usual, and same symptoms as heretofore, but less severe; very nervous and tired; l. ear sensitive to touch; roaring sounds in both ears. (See Ex. Ears.) [Slight conjunctival hyperemia, esophoria <, l. pupil larger than r. — Ex.] (See Ex. Eyes.)

June 3. 10 d. ϕ at 9:15 a. m. Broken sleep as usual; same group of symptoms as heretofore after dose, only not so intense; buzzing in ears; confusion in head.

June 4. 10 d. ϕ at 9 and 10 a. m. Slept badly; symptoms continued same as yesterday.

June 5. 15 d. ϕ at 9:15 a. m. Same symptoms as heretofore after dose, with addition of dizziness; cross, irritable, blue, constipated, restless.

June 6. 20 d. ϕ at 8:45 a. m., 9 a. m. Headache, which came on strongly; vision blurred; little, shooting pains in ears, < l.

June 7. 20 d. ϕ at 9 a. m. Restless sleep; troubled dreams; head ached slightly all day; ears same as yesterday; hearing obstructed, must listen intently; 11 a. m. suddenly r. eye felt as if expanding and protruding, with sensation of nausea and lightheadedness, the ground seemed coming up and she seemed about to fall backward; white specks before each eye on opening it. [Fibrillar twitches in r. lower lid; single vision unsteady < r., tension normal; slight hyperemia of each fundus; lachrymation

and slight photophobia during ophthalmic examination; esophoria, dist. varies.) (See Ex. Ears.) (See Ex. Eyes.)

June 8. 20 d. ϕ at 9 a. m. and 3 p. m. No dreams to remember. After morning dose head ached very slightly; restless; after p. m. dose, headache <; throat sore and scratchy; ears continue same.

June 9. 20 d. ϕ at 2 p. m. Head ached badly for about 1 hr. after dose; no new symptoms.

June 10. 25 d. ϕ at 9 a. m. and 12:30 p. m. Slept badly; distressing dreams; nervous and restless; hands cold; backache; pains across hips and back, < bending over; 2 p. m. legs felt as if cold water were running down in them; things fall out of her hands, which had no power; eyes burn and smart.

June 11. 25 d. ϕ at 8 a. m. Slept well and awoke all right and then had bad backache; 11 a. m. yesterday's symptoms repeated. 1 p. m. eyes itch; l. lower palpebral conjunctiva inflamed; 2 p. m. backache comes through to r. and l. iliac regions.

June 12. Roaring in ears is increased; feeling of sensitiveness deep in ears < l.; voices echo; own voice resounds; general dulness of sounds — must listen attentively. (See Ex. Ears.)

June 13. 25 d. ϕ at 9 a. m. and 1 p. m. (drug discontinued until July 1). Nausea all the afternoon; dizziness when standing still; confusion of thought; throat same as heretofore; constipated; irritable; blue; backache; ankles slightly swollen at night.

June 14. Slept well; no dreams; headache; extremely tired; restless; strained feeling in eyes; ears ache deep in head, < l.; buzzing same; deafness >; feeling as if cold water were running down in legs; backache; ankles swollen at night.

June 15. Awoke tired with backache and headache; blue and irritable, inclined to cry; 2 p. m. while standing, suddenly felt queer as if about to fall from weakness; an all-gone feeling in l. side; tried to walk and found l. leg dragged because too heavy and from loss of power; this feeling wore off after 1 hr. and only little touches of it remained during evening; ankles swollen at night; swelling disappeared in morning. Ear symptoms <; cannot lie on l. ear, it is so sensitive deep in ear, there is more noise and confusion.

June 16. Slept well, but awoke tired with backache and headache; not blue; every little annoyance hard to bear; felt herself "the most ill-used person in the world"; later, tired and fretful; ankles not so much swollen.

June 17. Slept well, but very heavily; awoke tired; 1 p. m. an attack came on like that of the 15th inst., lasting about 1 hr. and leaving left leg and left arm rather weak.

June 18. Awoke tired after sleeping very heavily; blue; trembling all down l. side; loss of power in leg and arm; 9:30 a. m. feeling as if cold water were running down in the l. leg from hip to toes; leg heavy.

June 19. Slept well; l. leg heavy; pain deep in ears < l.

June 20. Slept well but heavily; leg same as yesterday; throat still troublesome.

June 21. Awoke with backache; leg heavy; no other symptoms.

June 22. No symptoms, but heavy leg and tired.

June 23. Tired.
June 24. Leg heavy.
June 25. Tired after very heavy sleep; backache; leg heavy.
June 26. Pain in l. ear; sensitive to noise, which irritates nerves.
June 27. Awoke tired; backache; blue; leg seems all right. [Ears return to conditions of early stages of proving; hypersensitive. — Ex.]
June 28. No symptoms.
June 29. No symptoms.
June 30. Tired, nervous; noise is unbearable; leg < and more natural.
July 1. 15 d. 12 x. every 3 hrs. Awoke tired with backache and slight headache; l. leg has not so much power as usual; leg heavy and feels swollen; constipated. (See Ex. Eyes.)
July 2. Same dosage continued. Slept well; eyes burned.
July 3. Same dosage. Slept well; no symptoms except constipation.
July 4 to 9. 15 d. 6 x. every 3 hrs. No symptoms.
July 8. [Ears hypersensitive; sounds are unpleasant; shrill notes very disagreeable. — Ex.]
July 9 to 12. 10 d. 4 x. every 3 hrs. No symptoms except slight heaviness in l. leg on July 9.

[This proving had to be abandoned, as we feared a spinal myelitis affecting the legs might develop. The left leg was heavy for a long while afterwards. — D.]

1. Mind and Nervous System

No hereditary predisposition to affections of the mind or nervous system, and no previous disturbances of moment; natural disposition imaginative and cheerful, with emotions easily excited, but under good control. Prover has had no previous experience in drug proving. Present health as regards nervous system good; not subject to vertigo, and an excellent sleeper; no abnormality of reflexes, station, co-ordination, muscular sense, pain or temperature sense; not subject to neuralgia, except headache.

A. Neuralgic pain from back to neck to mastoid process and through r. face to temple and above r. eye. [Region supplied by r. small occipital nerve and auriculo-temporal, also fibres of sup.-max. branch of the r. trifacial. — Ex.]
Headache focuses in r. eye as if it were going to burst open with pain.
Hard headache[7].
Troubled dreams all night[9].
Heavy, aching pain in r. side of head, face and neck.
During afternoon and evening flying pains in various parts of body.
Several times rigid spasms in region of larynx.

Evening, depressed[3], blue[3], worried, anxious, restless[8], and tired[11].

Awoke several times (especially 3 and 5 a. m.) with a jump, and jaws set so tightly that they ached.

Impatient, and wants to cry on being questioned.

Awoke very tired[7].

Sleep disturbed by jerking.

Impatient.

During evening, headache all over head, > open air, > with hat on.

Troubled, restless sleep; broken sleep[4]; slept badly[5]; dreamed all night; unrefreshing sleep; distressing dreams[2].

Awakened frequently by jumping.

Awoke very tired and with frontal headache.

All day, sudden, fleeting pains (going suddenly) in all the teeth, alveolar processes and jaws, < l. < pressure.

Teeth feel too long.

B. Cross[2]; irritable[4]; nervous[5]; fretful.

Troubled dreams about ineffectual efforts to do things[2].

Disagreeable dreams "of vermin on me."

Head heavy.

So restless cannot settle to anything.

Dreams of things happening to others[2].

3 p. m. headache came on, preceded by fulness in throat.

Head full from l. to r. temple.

Nervous hurried feeling.

A frightened feeling, questioning herself, "Is this feeling like death?"

Nervously depressed, as if from shock.

Great weakness of limbs.

C. 6:15 p. m. a chill ran up the spine followed by numbness across back, below waist, lasting 10 min. Then suddenly a headache struck below the occipital boss, extending through to root of nose between the eyes, > and < suddenly, also gusts of aching pain through from l. to r. temple, behind and touching the eyeballs, which felt small, loose in their sockets, and pushed forward, < l. eye; the headache > by bending head backward and by closing eyes; all these symptoms appearing the same on the following evening.

Trembling of limbs[2].

Dulness of thought.

9:20 a. m. chill up the spine, followed by slight tingling in spine. After about 3 min. numbness and pain across lower back, which lasted until afternoon. This same group of symptoms repeated with diminishing intensity on 6 subsequent forenoons.

After p. m. dose headache became so intense "could not stand it," < lying down, but unable to sit up.

Sharp, shooting pains under l. breast several times during day.

Confusion in head; confusion of thought.

Dizziness; dizziness when standing still.

11 a. m. suddenly r. eye felt as if expanding and protruding, with sensation of nausea and light-headedness, while the ground seemed coming up and she seemed about to fall backward.

D. Legs felt as if cold water were running down in them [3].

Things fell out of her hands, which had no power [2].

Backache [5]; awoke with backache.

Awoke tired, with headache and backache [3].

Inclined to cry from irritability; every little annoyance hard to bear; felt herself "the most ill-used person in the world."

2 p. m., while standing, suddenly felt queer as if about to fall from weakness, an all-gone feeling in l. side; tried to walk and found l. leg dragged because too heavy and from loss of power; this feeling wore off after an hour, only little touches of it remaining during evening. A similar group of symptoms developed two days later, lasting about 1 hr. and leaving l. leg and l. arm rather weak.

Awoke tired after sleeping heavily.

Trembling all down l. side.

Loss of power in l. leg and l. arm; l. leg heavy [8].

Feeling as if cold water were running down l. leg from hip to toes.

E. Sensitive to noise, which irritates nerves; noise is unbearable; l. leg tired; l. leg has not so much power as usual; l. leg heavy and feels swollen.

[This proving had to be abandoned, as we feared a spinal myelitis affecting the legs might develop. The l. leg was heavy for a long time afterwards. — D.]

2. Eyes

No hereditary predisposition to, and no previous, eye disease except a few sties after measles in childhood. Lids normal and active; lachrymal glands, some epiphera in strong winds; lachrymal canals normal; conjunctiva normal; pupillary action normal; tension normal; near point for diamond type 22 cm., r. and l.; amplitude for same 28 cm., r. and l.; vision without glasses 15/10 r. and l.; fundus normal in every way; retina diffusely pigmented; lens and vitreous normal; refraction r. and l. + .50 S. = 15/10; muscle balance, distance, exoph. 1°, near, exoph. 5°; glasses are worn and correct present defects; color tests normal.

Subjective eye symptoms: much burning in eyelids and eyeballs and behind eyes; nausea if she rides without glasses; much aching in eyeballs on waking; frontal headache, especially over r. eye, from use of eyes.

A. Neuralgic pain from back of neck to r. eye.
Headache focuses in r. eye, as if it were going to burst open pain; at the same time the eye feels smaller than the other. and as if it were loose in its socket and rolling around, whether open or closed (but vision not affected); pressure diminished this rolling sensation; eye tender to pressure.
Eyes have felt better and been stronger all the time while taking drug, in spite of using them almost constantly.
Eyes stronger than usual; was able to read in spite of headache.

C. [Able to do more with eyes than ever before; drug greatly benefits eyes; much less asthenopia. — Ex.]
Gusts of aching pain through from l. to r. temple, behind and touching eyeballs, which felt small and loose in sockets, < l. eye.
Vision indistinct; vision misty; vision blurred.
Pupils slightly enlarged.
Eyes feel too large for orbits and difficult to open wide.
[May 28. Lachrymal secretion slightly increased; conjunctiva slightly hyperemic; retina, r., slightly hazy, l., vessels all full and whole retina congested; visual acuity O. U. reduced to 15/20; muscle balance, distance, esoph. 3°, near, esoph. 3½°. — Ex.]
Eyes smart [2] and burn [3].
Eyes feel too large for orbits and as if being crushed out.
[June 2. Lachrymal secretion somewhat increased; palpebral conjunctiva normal r., slightly congested l.; l. pupil larger than r.; pupillary action normal; in fundus, fulness of veins which are slightly tortuous, less l. than r.; visual acuity still reduced O. U. 15/20; esoph. increased to dist., 4°, near 5°. — Ex.]

D. Suddenly r. eye felt as if expanding and protruding, with sensation of nausea and light-headedness, while the ground seemed coming up and she seemed about to fall backward.
White specks before each eye on opening it.
[June 7. Fibrillar twitches in r. lower lid; lachrymal secretion increased; sensitive to ophthalmoscope; tension normal; slight hyperemia of each fundus; single vision unsteady < r.; esoph., dist., varies 4° to 0°. Sn. 0.5 pr. 26 cm. pp. 22–12 cm. Separately r. pr. 50, l. pr. 26, but changeable. — Ex.]
Eyes itch.
L. lower palpebral conjunctiva inflamed.
Strained feeling in eyes.

E. [July 1. Lids normal; lachrymal secretion normal; bulbar conjunctiva slightly congested; palpebral conjunctiva decidedly congested, < inferior; ciliary region not congested; pupils, diam. 4 mm.; action normal; tension normal; fundus

normal; tonicity of ciliary decreased O. U. .50 S.; muscle balance, esoph. increased, distance 6°, near 6°. — Ex.]

3. Ears

No predisposition to, or previous, disease of the ears. No aural disease, functional disturbance or idiosyncrasy at present; ears and hearing normal in every respect.

A. Neuralgic pain from back of neck to mastoid process. [Region supplied by auriculo-temporal nerve. — Ex.]

Soreness of throat extends to ears [2], < swallowing, talking or coughing [2].

Tight, swollen feeling in pharyngeal muscles, extending to ears.

B. 3 p. m. ears felt as if they would burst from sudden rush of blood to head, lasting about 2 hrs., lessening gradually. This same condition repeated on day following at 3 p. m. and after supper.

[May 18. Mt. r. slightly congested, l. normal; hyperesthesia to sounds; H. D. watch, l. especially increased; Galton whistle very disagreeable to l. ear; pharynx congested. — Ex.]

After supper, in evening air, l. cheek and ear red, hot and burning.

C. All day, and < evening, buzzing tinnitus in both ears [5].

Every sound is a buzz; buzzing even when there is no sound.

[This buzzing mentioned from time to time for 18 days.]

Slight pain in ears; little shooting pains in ears, < l. [3]

[June 2. Mt. r. normal, l. slightly congested; l. ear sensitive to touch; roaring sounds in both ears; her own voice resounds; feels as if people do not enunciate clearly in speaking when they are near, voices are clearer when heard at some distance. — Ex.]

D. [June 7. Symptoms noted on 2d inst. continue, also, has occasional shooting pain from ear to head and forward into nose; hearing more obstructed than common, must listen more intently; feeling as if Eustachian tube was plugged. — Ex.]

[June 12. Roaring increased; feeling of sensitiveness deep in ears, < l.; feeling of moisture in canals; voices echo; own voice resounds; general dulness of sounds, must listen attentively. — Ex.]

Ears ache deep in head, < l. [6]

E. [June 15. Ear symptoms increased in intensity; cannot lie on l. ear, it is so sensitive deep in the ear; there is more noise and confusion. — Ex.]

Ear sensitive to noise which irritates nerves.

[June 27. Returns to conditions of early stages of proving; hypersensitive. — Ex.]

[July 8. Hypersensitive. — Ex.]

[Summary of routine functional examinations: Hearing power for mechanical sounds (watch) increased at first, slightly diminished later, followed by hyperesthesia; hearing power for vocal sounds increased at first, hyperesthesia, later some dulling; perception of musical tones of varied pitch unchanged; upper and lower limit of tone perception unchanged; subjective symptoms: general hyperesthesia; noises, especially high pitched sounds, very disagreeable; hearing distance increased, later hears as through a cloud, catches second part of a word better than the first; roaring and buzzing sounds in ears and her own voice resounds; pain deep in ears, with sensitiveness on pressure; dulness of hearing increased with persistent use of drug; after discontinuing ϕ and resuming dil. hyperesthesia, especially for high-pitched sounds, returned. — Ex.]

4. Nose and Throat

No predisposition to disease of nose or throat; has had diphtheria, tonsilitis and peritonsilitis in the past; present condition of nose and throat almost absolutely normal in every respect, except some sensation of dryness in throat, which appears normal; not subject to catarrhal affections.

A. Sensation of constriction in throat.

Pharynx slightly congested.

Nose scabby and itching, no symptoms of a cold.

Momentary, sharp, cramping pains from r. tonsil to larynx, leaving a little stiffness.

Desire to clear throat.

Soreness, dryness[6] and roughness of throat.

Soreness in both nares equally, but no discharge.

Increased secretion of saliva, but sensation of dryness in mouth.

Voice sounds husky and requires an effort to speak.

[Obj. the only effect to be seen is a generally diffused redness of whole mucous membrane of pharyngeal and nasal cavities. — Ex.]

Soreness of throat extends to trachea.

[Anterior portion of r. nares unusually dry. — Ex.]

Constant desire to pick the nose.

Throat dry as if from dust not > water.

[Entire mucous membrane has a normal appearance except thickened mucus in anterior nares. — Ex.]

Throat "scratchy[9]", dry and rough. Throat < after each dose, > by time next dose is due.

Several times rigid spasms in region of larynx.
Throat hurts under angle of l. jaw when swallowing.
Tonsils swollen and injected, < r.
Pharynx injected and granular.
Soreness of throat extends to ears [2], < swallowing, talking or coughing [2].
Throat and chest so dry as to cause an occasional single dry cough.
Roughness [5], pain [4], and soreness [14] in throat on swallowing, talking and coughing.
Tight, swollen feeling in pharyngeal muscles extending to ears.
[Mucous membrane of mouth and pharynx appear perfectly normal, mouth and nares abnormally dry. — Ex.]
Throat symptoms > during day, < evening.
About 6 p. m. slight sticking pain in l. tonsil.

B. An inflamed, tender pustule just within l. anterior naris on ala, with redness to tip of nose; nose feeling sore and itching, with dryness [4] high up within.
Throat redder [10], with increased soreness, and is swollen [10].

C. [Throat congested [2]; tonsils swollen, < r. — D.]
2 p. m. headache came on preceded by fulness in throat.
R. tonsil injected [7].
Throat aches [2].
Throat feeling dry and congested from ear to ear as though choked by the hand.
Throat feels dry and dusty, but looks moist.

5. Respiratory System

No hereditary predisposition to disease of the chest and no previous disease except pulmonary congestion on l. side; no present disturbance in chest; physical signs good, and respiratory sounds normal.

A. Voice sounds husky and it requires an effort to speak.
Sore throat, extending to trachea.
During a. m. a stiff pain through l. chest from axilla backward to inferior angle of l. scapula upon turning head, < if toward l. or upon inclining it towards l. shoulder (probably muscular).

B. Several times rigid spasms in region of pharynx.
Pressure on the chest; chest seemed too tight.
Throat and chest so dry as to cause an occasional single dry cough.
Aching pains from chest to back on breathing or coughing.
Talking tires chest.
[Raw, scraping feeling from throat half-way down sternum; below this point a feeling of weight and pressure extending

2 in. either side of end of sternum ; coughing and breathing make pressure < ; inspiratory and expiratory sounds normal ; resp. 20 ; pulse 76. — Ex.] (All the above symptoms continued for 2 days.)

D. Tired feeling in chest as if she could not stand straight.

E. Slight cough in night.

6. Circulatory System

No hereditary predisposition to disease of the heart, although "subject to occasional circulatory disturbances" ; heart and pulse found normal in every respect on preliminary examination ; pulse rate 68.

A. Face flushed.

B. 2 p. m. sudden, severe pain as if something pressed into the heart, lasting a few minutes and followed by a dull steady pain in the whole heart all the p. m. and evening ; 5 days later about 8 p. m. 8 or 10 similar pains in heart, but less severe, leaving the same after sensation.

2 p. m. face flushed, but not the forehead.

Chills ; hands [2] and feet cold, head warm.

Pulse 62 ; resp. 18 ; temp. 98.1.

C. Chilliness all day, off and on.

3 p. m. sudden rush of blood to head, with red face ; neck felt swollen ; ears felt as if they would burst ; lasted about 2 hrs., lessening gradually ; on following day, same rush of blood at 3 p. m., and again after supper, but of shorter duration.

Heart seemed too large.

Face felt cold and as if growing white, but looked red and was objectively hot.

After supper, in evening air, l. cheek and ear red, hot and burning.

Head full from l. to r. temple, with hands and feet cold.

D. Face red below eyes.

Feet and legs cold to knees.

Heart seemed "to flop" as if startled, with pulse soft and slightly irregular.

7. Alimentary System

A. Slight nausea.

Throat dry as if from dust, not > by water.

Burning in rectum during, and several minutes after, stool [6].

Tongue feels too wide for mouth.

Tongue coated yellow at base.

Soreness of throat, < swallowing [14].

Roughness [5] and pain [4] in throat on swallowing.

Small fever-sore on lip near angle of mouth.
All day, sudden, fleeting pains (going suddenly) in all the teeth, alveola processes and jaws, < left, < pressure.
Teeth feel too long.
E. Constipated [4] (mentioned from time to time for 28 days).

8. Genito-Urinary System

A. 1 p. m. dragging pain about l. ovary.

9. Urine

SUMMARY OF ANALYSES

Quantity about the same; specific gravity increased; odor normal; color increased; reaction acid; solids, total amount increased. Phosphates, sulphates and chlorides normal; percent. of urea increased; total urea 24 hrs. decreased; albumin and sugar none; uric acid crystals in last specimen tested.

11. Bones and Muscular System

Hereditary predisposition to gout; not subject to rheumatism. Present state of health good.

A. Slight headache. Tired backache [3]; back ached all night, < motion, > during day, but again < in evening.
Backache [11].
During a. m., a stiff pain through l. chest, from axilla backward to inferior angle of l. scapula, upon turning head, < if toward l., or upon inclining it toward l. shoulder.
Stiff, muscular pains in neck on moving.
Feels restless, heavy and tired [14].
Aching pains in chest and back on breathing or coughing.
During p. m. and evening stiffness [2] and aching in every joint.
Sleep disturbed by jerking; awakened frequently from sleep by jumping.
B. Weak; great weakness of limbs.
Aches all over, < in back.
Trembling of limbs [2].
C. Pains across hips and back, < bending over.
Things fall out of her hands, which have no power.
Ankles swollen at night [4].
2 p. m., while standing suddenly felt queer, as if about to fall from weakness, an all-gone feeling in l. side; tried to walk and found l. leg dragged because too heavy and from loss of power; this feeling wore off after 1 hr., only little touches of it remaining during evening. A similar group of symp-

toms developed 2 days later, lasting about 1 hr., leaving l. leg and l. arm rather weak.
Trembling all down l. side.
Loss of power in l. leg and l. arm; l. leg heavy [8].
L. leg tired; l. leg has not so much power as usual; l. leg heavy and feels swollen.
[The l. leg was heavy for a long time afterwards. — D.]

12. Skin

A. Small fever-sore on lip near angle of mouth.
C. A petechial rash, becoming fine pustules, on chest, back, outside of, and under thighs, with slight itching, continuing on chest 3 days.
D. Itching on face.
E. Itching of skin all over.

13. Tissue Changes

Small fever-sore on lower lip near angle of mouth.
Inflamed, tender pustule just within l. anterior naris, on ala, with redness to tip of nose, the nose feeling sore and itching, with dryness high up within.

14. General Systemic Conditions

Feels heavy, logy and drowsy [2]; restless [3], tired [10] and weak.
Sleep disturbed by jerking; troubled, restless sleep; awakened frequently by jumping; broken sleep [3]; slept badly [6]; unrefreshing sleep.
Awoke tired [11].
Hands and feet cold, head warm, rush of blood to head [3], < p. m.
Chills; chills in "little whirls" all over; chilliness all day, off and on. Nervous chill running up spine [4] 3 days in succession.

XIV. Mrs. H. E. P. of Brooklyn: housewife; age 42 yrs.; American parentage; married; one child; height 5 ft. 7 in.; weight 138 lbs.; skin fair; eyes blue; hair dark; temperament nervous; constitution "carbo-nitrogenoid" temperament (Grauvogel); predisposition to rheumatism on mother's side. None of usual sicknesses of childhood, although exposed; nervous prostration 10 or 15 yrs. ago; one 3 mos. miscarriage, without known cause; habitually constipated, no desire, stools hard and fragmentary, sometimes blood-streaked; not subject to rheumatism or neuralgia, or any other disturbances not mentioned. Present state of health

very good; drinks two cups of coffee in morning and one cup of tea in evening; no change in this habit during proving.

April 17, 1902. Placebo 4 days. No symptoms noted.
April 21. Placebo 7 days. Symptoms noted, chiefly slight dizziness, chilly sensations, etc.
April 28. 10 d. 3 x. every 3 hrs. in water. 2 p. m. a cramp-like pain coming and going suddenly in l. hip, through the flesh and head of femur as if in the bone marrow.
April 29. 10 d. 3 x. every 3 hrs. Nose felt dry; dull frontal headache; tired and sleepy.
April 30. 10 d. 3 x. every 3 hrs. and thus continued until May 5. Sudden, sharp pain in l. temple recurring through entire day, < p. m. making l. eye water, burn and smart; dull pain over l. eye; 11 p. m. cramp-like pain in l. hip; both eyeballs burn.
May 1. 9:30 a. m. pain in cardiac region coming suddenly, lasting 5 min., afterwards feared to take long breath lest it should return; face flushed; 4 p. m. slight pain returned over l. eye.
May 2. 11 a. m. stitching pain in l. side of back downward across waist line, recurring at 1 p. m.
May 3. About 7 p. m. suddenly on rising a sharp pain encircling l. ankle like a cramp, lasting 2 or 3 min.; 8 p. m. sudden pain shooting down l. anterior crural nerve to knee, followed by the ankle cramp; all day knees feel weak and as if they needed oiling.
May 4. Knees same, but better.
May 5. 20 d. 3 x. 3 times a day before meals. Knees all right; soreness in r. upper chest, not to touch, not < deep breathing; evening, ½ hr. after medicine, cramp in l. hip, later, pain in hip continued and sharp pain in l. temple into and through l. eyeball. [Patient complains of neuralgic pain about the l. shoulder, darting in character, confined to the circumflex nerve. Sharp, darting, neuralgic pain in sixth and seventh dorsal nerves, extending around r. side. Same character of pain in l. sciatic nerve, extending down the leg and ending in the external saphenous nerve. — Ex.]
May 6. 20 d. 3 x. 3 times a day. On rising, dry and sore throat < swallowing; all day, sharp, fleeting pains in r. knee, l. shoulder and middle of back, becoming general.
May 7. 25 d. 3 x. 3 times to-day. An "indescribable" (neuralgic ?) pain around heart in region of apex beat (but "did not seem to be the heart"); pain in l. knee joint in going up and down stairs; 10 a. m. cramp in l. hip, causing her to hesitate in walking; continuing through day.
May 8. 25 d. 3 x. morning and noon. Throat more dry and swollen; hoarseness temporarily > on raising tasteless, colorless phlegm, difficult to start; oppressive pain and soreness again in upper r. lung; sharp pain in r. temple; back very tired; pain in l. hip and thigh; sticking pain in r. ovarian region and at same time (while walking) in sole of r. foot; 2 p. m. (while lying) severe pain down l. leg from hip for over 5 min.; l. eye feels smaller than r.
May 9. 1 dose 25 d. 3 x. in morning and 30 d. 2. x. at noon and

6 p. m. Throat sore always < mornings before eating; l. eye seems small; both knees sensitive while on stairs; afternoon, hoarseness and scraping below palate to supra-sternal ossa; 7 p. m. simultaneous sharp pain in r. knee and l. shoulder joint.

May 10. 30 d. 2 x. at 7:30 a. m. and 2 p. m.; sore throat; hoarseness; pain outer side l. thigh; 2:30 p. m. sharp pain in l. hip.

May 11. 30 d. 2 x. at 8:30 a. m. and 1 p. m. Cough during night; head aches; l. eye feels small; burning sensation in l. eye when closed, and pain as if something were sticking in it, with lachrymation; sharp neuralgic pains down l. arm to hand, also l. hip and thigh.

May 12. 30 d. 2 x. at 7:30 a. m., 1:30 p. m. Throat > cough >; 8:30 a. m. momentary, sharp pain in l. occiput coming over to l. eye; slight pain in l. leg continues.

May 13. 30 d. 2 x. at 12:30 and 6 p. m. Same sore throat and cough "different from any I can ever remember before the proving"; the throat seems less sore than swollen, on r. upper side; the dry cough is excited by dryness below larynx, after a while sputum (colorless, tasteless) being raised and cough relieved; 1 p. m. drawing pain posteriorly extending from above to below l. knee; shooting pain l. temple into l. eyeball; 2:30 p. m. a momentary, dull, heavy pain under both eyebrows, between temples, accompanied by sensation as if something opened and shut; 7 p. m. drawing pain in legs < crossing knees with numbness while crossed.

May 14. 20 d. 2 x. at 7:30 a. m., 12:30 and 6 p. m. Throat still swollen < swallowing; all morning knee joint pains (no tenderness to touch) upon bending knees to sit down and especially when crossing l. over r. knee; 1 p. m. face flushed on r. side; 1:30 p. m. pain across neck between shoulders and up behind l. ear; pain in r. upper chest again noticeable for ½ hr.; 2 p. m. dull pain through eyebrows; pain under l. knee again appears; 7:30 p. m. same pain across shoulders, up neck and behind l. ear. [Pains darting, come quickly and go quickly, lightning-like, < by motion; no tenderness over nerve trunks; reflexes not affected. — Ex.]

[Entire mucous membrane of nose, throat and pharynx is hyperemic: this is especially true in the nares; no discharge from nares; some discharge of mucus from trachea or bronchial tubes after coughing; normal appearance as to moisture of mucous membrane; throat sensitive to exam., causes spasm of coughing and prevents satisfactory exam. of larynx; the prover has simply the appearance of a mild attack of coryza; prover complains of sensation of relaxation of palate. — Ex.]

May 15. 30 d. 2 x. at 7:30 a. m., 12:30 and 6 p. m. Throat >; 5 p. m. very sharp pain through l. temple toward eye.

May 16. Dosage same as yesterday. 12 m. sharp pain under l. scapula with soreness to touch; 6 p. m. the old pain in r. upper chest, but slight; 7 p. m. very sharp pain behind l. eyeball, < moving eye; 7:30 p. m. same pain under l. scapula with soreness.

May 17. Same dosage. P. m. menses came on 3 days early without her usual irritability, in gushes (unusual) and more profuse than usual; 6 p. m. a drawing pain in bone of l. hip joint.

May 18. Same dosage. Evening, dreadful, throbbing headache all over head for ½ hr.

May 19. No drug. Felt cross and irritable; blurring of vision. (See Ex. Eyes.)

May 20. 5 d. ϕ at 7 a. m., 12 and 6 p. m. 9 a. m. slight pain in l. arm; throughout menstrual period (for 4 days) a fluttering in l. ovary (normal side) was very pronounced. (This symptom is new to her.)

May 21. Same dosage. Momentary, sharp pain over l. eye; the eye feels very small; the pain in l. hip remains more or less noticeable all the time, < to-day about 1 p. m.; 5 p. m. pain under lower angle l. scapula; 9 p. m. dull pain between neck and l. shoulder ext. down arm to hand.

May 22. 5 d. ϕ at 7 a. m. and 6 p. m. Pain extends from top of l. shoulder up to behind the ear; pains come and go quickly; 6 p. m. feels stiff in the joints with twinging pains in l. shoulder and hip.

May 23. 5 d. ϕ at 6:45 and 11 a. m. and 5:30 p. m. Back below waist feels tired; l. eye feels very small.

[Complains of soreness in sub-clavicular region on r. side; not < by motion of any kind. Comes and goes. — Ex.] (See Ex. Eyes.)

May 24. 5 d. ϕ at 7 and 11:30 a. m. 1:30 p. m. a couple of momentary, sharp, piercing pains in l. temple to back of l. eye, which made her wince and close the eye; 2:30 p. m. sudden, sharp pain in l. ankle.

May 25. 5 d. ϕ at 8:30 a. m. and 1:45 and 6 p. m. (Threatening and hot weather, shower in the morning.) Vision blurred; on waking both eyes felt heavy and small, they looked small and swollen; a general headache, as from sleeping too soundly, lasted all day; 9:30 a. m. ringing in l. ear for ½ hr.; 1:30 p. m. pain from l. thigh to knee, which was sensitive to touch over l. external saphenous nerve and to putting thigh muscles on the stretch; 7:30 p. m. pain in l. thigh returned and lasted all the evening.

May 26. 5 d. ϕ at 7 a. m., 10 d. ϕ at 1:30 p. m. No marked symptoms; out of doors nearly 6 hrs. to-day; thinks symptoms > when out of doors.

May 27. 10 d. ϕ at 7:30 a. m. and 6 p. m. Day cloudy with rain. On rising vision blurred for near and distance; eyes burn < r.; 10 a. m. pain in l. thigh to knee < crossing l. over r. knee; 6 p. m. momentary pain under r. eyebrow in region of superior oblique muscle. (See Ex. Eyes.)

May 28. 10 d. ϕ at 7 a. m. and 4:30 p. m. 4:30 p. m. twinges in both knees and l. shoulder; sharp, sudden pain shot forward directly over l. ear into temple; 4:50 p. m. momentary pain in l. shoulder and l. knee; aching pain from r. shoulder down to hand.

May 29. 10 d. ϕ at 7 a. m., 12 m. and 7 p. m. 8 a. m. sharp pain under l. eyebrow, shooting backward; 12:30 p. m. same pain over l. eye; 4 p. m. little twinges of pain in l. temple.

May 30. 10 d. ϕ at 7 a. m., 1 and 8:30 p. m. 8 a. m. same momentary piercing pain in l. temple; 5:30 p. m. same pain again observed; soon after evening dose felt dull pain across eyebrows, lasting about ¼ hr., also twinging under l. knee, which made her feel like throwing the knee up.

May 31. 10 d. ϕ at 10 a. m. and 2:30 p. m. No marked symptoms; was out of doors nearly all day. (See Ex. Eyes.)

June 1. 10 d. ϕ at 8:30 a. m., 1:50 and 6 p. m. 10:30 a. m. twinges of pain in l. calf and fleshy parts of l. arm, all followed by a momentary sense of soreness; 11:30 a. m. a sudden, sharp, contracted pain in r. ovary (nodular and slightly enlarged) repeated about 2, 4 and 5:30 p. m. and twice between 6 and 8 p. m.; 2 p. m. sensation of soreness in outer aspect of upper l. arm and in l. temple, not noticeable in open air; all day dryness, and scratchy sensation in mouth and back of nose > by drinking; lips are sore and dry; desire for cold water; on waking, itching between ear and throat on both sides, > through day, > snorting; 8:30 p. m. for about 1 hr. pronounced, sore pain in l. hip.

June 2. 10 d. ϕ at 7 a. m., 12:30 and 6 p. m. 12:30 p. m. throat remains the same; 6 p. m. throat > ; a few twinges in l. hip and arm during evening.

June 3. 10 d. ϕ at 7 a. m., 15 d. ϕ at 2 and 6 p. m. (given always in ½ glass of water). Throat >; 2:30 p. m., on waking from nap, a blotchy redness of face; first appearing and < on l. malar bone with subjective and objective heat (a hot day), remained about 1½ hr. with itching, stinging and roughness on l. cheek; on l. upper lip a fever-sore rapidly developed; ½ hr. after evening dose same redness of face lasting about 1 hr.; "blood felt hot" all the evening.

June 4. 15 d. ϕ at 7 a. m., 1:30 and 7 p. m. Weather very hot; fever-sore itches; about 2 p. m. face again red, hot and blotchy on both sides, although hot weather, this redness is unusual; since taking drug more color in face than natural; although naturally constipated (see prelim. exams.) movements have been very regular for past 3 wks., while taking the drug. (See Ex. Eyes.)

June 5. 15 d. ϕ 3 times a day as usual. No symptoms noted.

June 6. 15 d. ϕ at 7 a. m. and 12 m. Slight soreness of throat as from dryness upon swallowing; 8:30 a. m. old pain in l. side of tongue, only slight and momentary.

June 7. 15 d. ϕ at 7 a. m., 20 d. at 1 and 6:30 p. m. in ½ glass of water. Sweets (food) thicken saliva so that swallowing was impossible without water; 4 p. m. sharp pains back of arm from shoulder to elbow, coming and going suddenly, were repeated every 10 m. for 1 hr. After evening dose, slight, dull headache through temples to forehead; dysphagia for sweets continued; 7 a. m. pain in shoulder very noticeable; photophobia all the evening; lids heavy and dry, > closing; vision blurred near and distant; vision > for a moment on first opening eyes; has to hold book farther away.

June 8. 20 d. ϕ at 8:30 a. m., 1 and 6 p. m. Dull head on waking after breakfast; eyes > as day advances; at each meal the difficulty in swallowing sweets is < than yesterday; 7 p. m. eyes again like last evening, cannot read at all; can scarcely keep eyes open > cool, open air, > darkness.

June 9. 20 d. ϕ 7 a. m., 1 and 7 p. m. Dysphagia for sweets better; on reading for 5 m. has to stop because letters blur.

June 10. 20 d. ϕ at 7 a. m., 12:30 and 6:20 p. m. After midnight

awoke 3 times frightened by vivid dreams; tongue whitish with red papillæ and red tip; dysphagia >. (See Ex. Eyes.)

June 11. 20 d. ϕ at 7 a. m. and 7 p. m. After midnight 3 times awakened in fright by vivid dreams.

June 12. 20 d. ϕ at 7 a. m. (Hot day.) After daybreak awoke frightened with a violent start from a dream of fire, but fell asleep again; all the evening eyes very tired and heavy, though not used more than usual.

June 13. 20 d. ϕ at 7 a. m. and drug discontinued. A pleasant dream so vivid as to be remembered (unusual).

June 14. Sleep was disturbed by dreams, hence awoke unrefreshed.

June 20. No further symptoms except menses are now 6 days overdue, but this has happened before proving. (See Ex. Eyes.) Discharged.

1. Mind and Nervous System

Not subject to mental disturbances; hopeful disposition; emotions not easily excited and under good control; no hereditary predisposition to nervous affections and no previous disease involving nervous system, except an attack of nervous prostration 10 or 15 yrs. ago; at present nothing abnormal as regards nervous system.

A. Dull, frontal headache.

Tired and sleepy.

Sudden, sharp pain in l. temple, recurring through entire day, < p. m., making l. eye water, burn and smart.

Sudden pain shooting down l. anterior crural nerve to knee, followed by sharp pain encircling ankle, like cramp.

Sharp pain in l. temple into and through l. eyeball[6].

[Prover complains of neuralgic pain about l. shoulder, darting in character, confined to circumflex nerve; sharp, darting, neuralgic pain in sixth and seventh dorsal nerves, extending around r. side; same character obtained in l. sciatic nerve extending down leg and ending in l. external saphenous nerve. — Ex.]

All day, sharp, fleeting pains in r. knee[4], l. shoulder[3] and middle of back, becoming general.

Sharp pain in r. temple; pain in l. hip[8] and thigh[6]; sticking pain, while walking, in sole of r. foot; severe pain, for over 5 m., while lying down.

B. Sharp, neuralgic pains down l. arm[3] to hand.

Momentary, sharp pain in l. occiput, coming over to l. eye.

Drawing pain, posteriorly, extending from above to below l. knee[2].

A momentary, dull, heavy pain under both eyebrows, between temples accompanied by sensation as if something opened and shut.

Drawing pain in legs, < crossing knees, with numbness while crossed.

All the morning knee joint pains (no tenderness to touch) upon bending knees to sit down, especially when crossing l. over r. knee.

Pain across neck and shoulders [4] and up behind l. ear [2].

Pain in r. upper chest [2] for ½ hr.

Dull pain through eyebrows [2].

[Pains, darting, come quickly and go quickly, lightning-like, < motion; no tenderness over nerve trunk; reflexes not affected. — Ex.]

Sharp pain under lower angle of l. scapula, with soreness to touch [2].

C. Dreadful throbbing headache all over head, for ½ hr.

Felt cross and irritable.

Momentary, sharp pain over l. eye [2].

Dull pain between neck and l. shoulder extending down arm to hand.

Sudden, sharp pain in l. ankle.

A general headache, as though sleeping too soundly, lasting all day.

Thigh sensitive to touch over l. external saphenous nerve.

Pain when putting l. thigh muscles on a stretch.

Pain in l. thigh to knee, < crossing l. over r. knee.

Momentary pain under r. eyebrow in region of superior oblique muscle.

D. Sharp, sudden pain shot forward directly over l. ear into temple.

Aching pain from r. shoulder down to hand.

Sharp pain under l. eyebrow, shooting backward.

Twinges of pain in l. temple [2].

Twinging under l. knee, which made her feel like throwing the knee up.

Twinges of pain in l. calf and fleshy parts of l. arm, all followed by a momentary sense of soreness.

E. Sharp pains back of arm from shoulder to elbow, coming and going suddenly, were repeated every 10 m. for 1 hr. after evening dose.

Dull headache through temples to forehead.

Dulness of head on waking, > after breakfast.

After midnight awoke three times frightened by vivid dreams [2].

After daybreak awoke frightened, with a violent start from a dream of fire, but fell asleep again.

A dream so pleasant as to be remembered (unusual).

Sleep disturbed by dreams, hence awoke unrefreshed.

2. Eyes

No hereditary predisposition to eye disease, unless to trouble with lachrymal sac and duct; mother has constant epiphora. Previous eye disease phlyctenular or ulcerated condition of cornea in childhood and granulation of lids 15 yrs. ago; present condition of lids normal; on l. slight epiphora in open air; conjunctiva anemic; vision without glasses, R. 15/15, L. 15/30; fundus, color, vessels and disc normal r. and l.; muscle balance, distance, esoph. 4°, near, esoph. 6°; glasses are worn for reading; no headache or other reflexes referable to eye strain.

A. Sudden, sharp pain in l. temple, making l. eye water, burn and smart.
Dull pain over l. eye [2].
Both eyeballs burn.
Sharp pain in l. temple into and through l. eyeball [6].
L. eye feels smaller than r.[3]

B. Burning sensation in l. eye when closed.
Pain in l. eye as if something were sticking into it, with lachrymation.
Momentary, sharp pain in l. occiput, coming over to l. eye.
A momentary, dull, heavy pain under both eyebrows, between temples, accompanied by sensation as if something opened and shut.
Dull pain through eyebrows [2].
Blurring of vision [2].
[Veins of fundus slightly full [9] and discs slightly hazy in outline both sides [33]. — Ex.]

C. Momentary, sharp pain over l. eye [2].
[Tonicity of ciliary increased on l. side; muscle balance distance, esoph. 2° near, esoph, 3°; visual acuity unaltered. — Ex.]
On waking both eyes felt heavy and small.
On waking both eyes looked small and swollen.
On rising vision blurred for near and distance [2].
Eyes burn, < r.
Momentary pain under r. eyebrow in region of superior oblique muscle.
Sharp pain under l. eyebrow, shooting backward.

D. [Vessels of fundus hazy [4] and full [4] and veins tortuous on both sides [11]. — Ex.]
Photophobia all evening [2], can scarcely keep eyes open, > cool open air, > darkness.
Lids heavy and dry, > when closed.
Vision better for a moment on first opening eyes, has to hold book farther away.

E. Cannot read at all.
On reading for 5 min. has to stop because letters blur.
[Vessels of fundus, both sides, slightly tortuous, edge of l. disc not distinct; vision not clear with any glasses. — Ex.]
10 days later, and 7 days after discontinuance of drug [fundus on r. normal, on l. nearly normal; edge of disc almost distinct, but disc a little paler than that of the other eye. — Ex.]

3. Ears

Normal in every respect, as reported by special examiner.

A. (17th day of medication.) Neuralgic pain across neck, between shoulders, and up behind l. ear.
C. Pain extends from top of l. shoulder up to behind ear, coming and going quickly.
E. Ringing in l. ear for ½ hr.
Sharp, sudden pain shot forward directly over l. ear into temple.
On waking, itching between ear and throat on both sides, lessening through day, > snorting.

4. Nose and Throat

No hereditary predisposition to, or previous, disease of nose or throat. Condition of mucous membrane of nose normal, except rather anemic; no dryness or catarrh; condition of naso-pharynx normal except rather anemic, neither dryness nor over-secretion. Condition of oro-pharynx, faucial pillars and soft palate rather anemic; tonsils normal; larynx and trachea normal in every particular; no cough or desire to clear throat; no hoarseness; voice normal.

A. Nose felt dry.
On rising throat dry [2] and sore [3], < swallowing [2].
Throat swollen.
Hoarseness [2], temporarily > on raising tasteless, colorless phlegm, difficult to start.
B. Throat sore [5], always < mornings before eating.
Hoarseness and scraping below palate to supra-sternal fossa.
Cough [3], < night, "different from any I can ever remember before the proving," the throat seems less sore than swollen on r. upper side, the dry cough excited by dryness below larynx, after a while sputum (colorless and tasteless) being raised and cough relieved.
[Entire mucous membrane of nose, throat and pharynx is hyperemic; this is especially true in the nares; no dis-

charge from nares; some discharge of mucus from trachea or bronchial tubes after coughing; normal appearance as to moisture of mucous membrane; throat sensitive to examination causes spasm of coughing and prevents satisfactory examination of larynx; the prover has simply the appearance of a mild attack of coryza; prover complains of sensation of relaxation of palate. — Ex.]

D. All day dryness and scratchy sensation in mouth and back of nose.

Lips sore and dry.

On waking itching between ear and throat on both sides > through day, > snorting.

E. Sweets (food) thicken saliva so that swallowing is difficult or impossible without water[4].

5. Respiratory System

No direct predisposition to, or previous, disease of the chest.

A. (8th day of medication.) Oppressive soreness in r. upper chest[4], not to touch, not < deep breathing.

B. Hoarseness temporarily > on raising tasteless, colorless phlegm, difficult to start.

Hoarseness[2] and scraping below palate to supra-sternal fossa.

Cough[3] < night, "different from any I can ever remember before the proving," the throat seems less sore than swollen on r. upper side; the dry cough excited by dryness below larynx; after a while sputum (colorless and tasteless) being raised and cough relieved.

[Complains of soreness in sub-clavicular region on r. side, which comes and goes, not < motion of any kind. — Ex.]

6. Circulatory System

Heart normal; no previous disease of circulatory system.

A. Pain in cardiac region, coming suddenly, lasting 5 min., afterwards feared to take a long breath lest it should return.

E. An "indescribable" (neuralgic?) pain around heart in region of apex beat, but "did not seem to be the heart."

7. Alimentary System

Habitually constipated; no desire, stools hard and fragmentary, sometimes blood-streaked.

A. (9th day of medication.) On rising dry[2] and sore[3] throat, < swallowing[2].

Throat swollen.
Throat sore [5], always < mornings before eating.

D. All day dryness and scratchy sensation in mouth, > drinking.
Lips dry and sore.
Desire for cold water.

E. Although naturally constipated, movements have been very regular for past 3 wks. while taking drug.
Sweets (food) thicken saliva so that swallowing is difficult or impossible without water [4].
Tongue whitish, with red papillæ and red tip.
[Appreciation for sweet unchanged; for sour markedly more acute. — Ex.]

8. Genito-Urinary System

No predisposition to, or previous, disease of this tract; kidneys normal, r. somewhat easily moved; r. ovary slightly enlarged and slightly prolapsed, with 2 small nodules, size of peas, acutely sensitive to pressure; l. ovary normal; menstruation practically normal, but irritability for 2 days preceding.

A. Sticking pain in r. ovarian region.

C. Menses came on 3 days early, without the usual irritability, in gushes (unusual) and more profuse than usual.
Throughout menstrual period (for 4 days) a fluttering in l. ovary (normal side) was very pronounced. [This symptom is new to her. — D.]

E. 1:30 a. m. A sudden, sharp and contractive pain in r. ovary (nodular and slightly enlarged), repeated about 2, 4, and 5:30 p. m. and twice between 6 and 8 p. m.

9. Urine

Summary of Analyses

Specific gravity increased; color became darker; percent. urea increased.

Sediments

Uric acid and oxalate of lime crystals appeared; kidney and bladder epithelia remained about the same.

11. Bones and Muscular System

A. A cramp-like pain, coming and going suddenly, in l. hip [4] through the flesh and head of femur as if through the bone marrow.

Suddenly, on rising, a sharp pain encircling l. ankle[2] like a cramp, lasting 2 or 3 min.
All day knees feel weak and as if they needed oiling[2].

B. Pain in l. knee joint on going up and down stairs; both knees sensitive while on stairs.
Cramp in l. hip, causing her to hesitate in walking, continuing through day.
Pain in l. hip and thigh.
Sticking pain in sole of r. foot while walking.
Sharp pain (neuralgic) in l. hip[2].

C. Drawing pain, posteriorly, extending from above to below l. knee[2].
Drawing pain in legs, < crossing knees.
All the morning knee joint pains (no tenderness to touch) upon bending knees to sit down, especially when crossing l. over r. knee.
Drawing pain in bone of l. hip joint[2].

D. Feels stiff in joints, with twinging pains in l. shoulder and hip.
Pain when putting l. thigh muscles on a stretch.
Pain in l. thigh to knee, < crossing l. over r. knee.

E. Twinging under l. knee, which made her feel like throwing the knee up.
Twinges of pain in l. calf and fleshy parts of l. arm, all followed by a momentary sense of soreness.
For about 1 hr. pronounced sore pain in l. hip.

12. Skin

No hereditary tendencies to disease of the skin and no previous affections, except salt-rheum when a child; present condition of skin normal in every respect.

A. 2:30 p. m., on waking from a nap, a blotchy redness of face, first appearing and < on l. malar bone, with subjective and objective heat (hot day), remaining about 1½ hrs., with itching, stinging and roughness on l. cheek.
On l. upper lip a fever-sore rapidly developed, with subsequent itching.
(Same day as above) ½ hr. after evening dose, same redness of face, lasting about 1 hr.

E. About 2 p. m., face again red, hot and blotchy on both sides (although hot weather, this redness is unusual).
Since taking drug, more color in face than natural.

13. Tissue Changes

On l. upper lip a fever-sore rapidly developed, with subsequent itching.

14. General Systemic Conditions

Tired and sleepy.
Sleep disturbed, hence awoke unrefreshed.

XV. Dr. J. F. R. of Brooklyn : physician ; age 27 ; American parentage ; male ; single ; height 5 ft. 11½ in. ; weight 158 lbs. ; color of skin medium ; eyes light hazel ; hair dark brown ; temperament nervous ; constitution "carbo-nitrogenoid" (Grauvogel) ; no hereditary predisposition to disease or previous sicknesses of any moment ; subject on catching cold to frequent burning micturition ; skin becomes oily if much indoors ; not subject to any other disturbances of health and present state of health excellent ; uses no tobacco, beer, alcoholic stimulants or coffee ; during past year 2 cups of tea at noon ; this was discontinued during proving.

April 19 to April 26, 1902. Placebo with symptoms carefully noted.

April 26 to May 4. 10 d. 3 x. in water about every 3 hrs. without developing symptoms different from those while taking placebo.

May 4. 10 d. 3 x. at 10 a. m. and 1 p. m. On rising epistaxis r. nostril, blood bright red, stopped readily by cold water ; 3 p. m. sharp pain (while out walking) in region of heart as if pierced by blunt instrument, lasting ½ hr.

May 5. 20 d. 3 x. at 12:30 and 6 p. m. No symptoms.

May 6. 20 d. 3 x. at 7 a. m. and 1 p. m. ; 25 d. at 7 p. m. No symptoms different from those previously noted.

May 7. 25 d. 3 x. at 8 a. m., 1:30 and 6 p. m. No symptoms noted.

May 8. 25 d. at 6:30 p. m. Awakened suddenly at 2 a. m., after 5 hrs. of sound sleep, and lay for 2 hrs. with active and clear thoughts, which he could not control, finally falling asleep as from mental exhaustion ; 7 a. m. awoke with headache and feeling of mental fatigue ; no desire for breakfast.

May 9. 25 d. 3 x. at 8:45 a. m., and discontinued drug. Awoke irritable and cross with spirit of opposition, answered questions sharply ; refrained from discussing daily topics at the breakfast table, as he felt opposed to all his family's arguments, though he knew they were in the right ; great desire for open air ; headache > in open air ; very restless ; 5 p. m., awakened after 2 hrs. sleep with still greater mental depression, wrapped up in himself ; evening attended theatre, but could not laugh although play was humorous, or divert mind from himself ; felt he was boring his company.

May 10. Still depressed but > ; spent entire day out of doors ; throat dry all day ; awakened in good spirits without restlessness and marked desire to be out of doors ; dryness of mucous membrane of mouth, pharynx and nostrils ; voice husky ; some dryness of larynx < from prolonged talking > open air.

May 12. Throat and nasal symptoms slightly > ; > open air, < coming indoors.

May 16. At various times during past 9 days has had sensation as if heart was enlarging, seemed as if heart was actually undergoing dilation; palpitation of heart from least exertion.

1. Mind and Nervous System

No tendency to mental disturbance. Disposition cheerful, quiet and reserved; emotions not easily excited and under good control; present condition of nervous system excellent.

A. Awakened suddenly at 2 a. m. after 5 hrs. sleep, and lay awake 2 hrs. with clear and active thoughts, which he could not control, finally falling asleep as from mental exhaustion.

7 a. m. (same day), awoke with headache and mental fatigue.

E. Awoke irritable and cross, with spirit of opposition.

Answered questions sharply.

Headache, > open air.

Very restless.

5 p. m. awakened after 2 hrs. sleep with great mental depression [2].

Thoughts wrapped up in himself; attended theatre, but could not laugh although play was humorous; could not divert mind from himself; felt he was boring his company.

4. Nose and Throat

No previous disease of nose and throat; mucous membrane of nose neither dry nor catarrhal; laryngeal conditions normal; no huskiness of voice.

A. On rising, epistaxis r. nostril, blood bright red, stopped readily by cold water.

C. Dryness of mucous membrane of mouth, pharynx and nostrils.

Voice husky.

Some dryness of larynx, < prolonged talking, > open air.

E. Nasal symptoms > open air, < coming indoors.

6. Circulatory System

Upon preliminary examination pulse somewhat rapid and force of heart's action somewhat marked; otherwise normal in every respect.

A. 3 p.m. sharp pain (while out walking), lasting ½ hr., in region of heart, "as if pierced by blunt instrument."

E. At various times during past 9 days sensation as if heart were enlarging, seemed as if it were actually undergoing dilation. Palpitation of heart from least exertion.

XVI. Mr. G. A. B. of Brooklyn: building superintendent; age 24; American parentage; single; height 5 ft. 7½ in.; weight 147 lbs.; skin ruddy; eyes blue; reddish hair; "sanguine, phlegmatic" temperament; "carbo-nitrogenoid" constitution; no hereditary predisposition to disease; had malaria in severe form 7 yrs. ago; occasional rheumatic pain in arm or shoulder; subject to "tired headaches"; digestion slightly disturbed if careless; subject to no other disturbances; a good sleeper and present state of health good. Uses tobacco occasionally; also beer and other stimulants; tea very seldom and coffee habitually; no change during proving as regards these habits except tobacco was somewhat more restricted.

May 7, 1902. Placebo for 5 days — to May 12th — without symptoms.
May 12. 10 d. 4 x. in water, every 4 hrs. for 3 days to May 15. No symptoms.
May 15. 30 d. 2 x. in water, every 4 hrs. for 2 days. No symptoms.
May 17. 5 d. ϕ 3 times a day for 4 days. No symptoms.
May 21. 10 d. ϕ 3 times a day for 6 days. No symptoms.
May 27. 15 d. ϕ 3 times a day for 3 days. No symptoms.
May 30. 15 d. ϕ 3 times a day continued. A fine papular rash with soreness upon touch in groups, a few turning to minute vesicles < on forehead, gradually passed away during day. [Noticed this a. m. a scattered vesicular eruption appearing on forehead and cheeks, appeared at first like a rash or red streak, no itching or burning, but forehead feels sore; as the morning advanced the eruption was less pronounced; shortly after dining forehead and cheeks had practically cleared. — Ex.]
May 31. 20 d. ϕ 3 times a day. About 3:30 p. m. rather suddenly felt fulness of thorax above line of nipples extending into throat; respiration more rapid and more shallow than usual; nervous restlessness accompanied this; felt hurried, anxious, and very irritable; all these symptoms wore off gradually by 8 p. m.
June 1. 20 d. ϕ at 10 a. m., 5 p.m. and 9:30 p. m. [8:30 p. m. mydriasis O. U. almost ad max. Sn. O. S. 39–17 cm. with his glasses; 39–12 cm. without glasses; iris reaction prompt to direct and indirect light; in accommodation negative. — Ex.]
June 2. 20 d. ϕ at 6:30 and 11 a. m., 2 and 9:30 p. m. 11 a. m dull, full headache on r. side of head, came suddenly, lasted till after dinner, then disappeared quickly.
June 3. 20 d. ϕ 3 times. No symptoms.
June 4. 20 d. ϕ 3 times. No symptoms.

1. Mind and Nervous System

No predisposition to, or previous, disease of nervous system. Disposition mild and cheerful and emotions not easily excited. Subject to tired headaches.

A. (19th day of medication.) A feeling of fulness of thorax developed in p. m. and was accompanied by nervous restlessness; felt hurried, anxious and very irritable, wearing off by 8 p. m.

E. 11 a. m. dull, full headache on r. side of head, came suddenly, lasted until after dinner and then disappeared quickly.

2. Eyes

A. (20th day of medication, 20 d. ϕ at 10 a. m. and 5 p. m.)
[At 8:30 p. m. mydriasis O. U. almost ad max. Sn. O. S. 39–17 cm. with his glasses, 39–12 cm. without glasses; iris reaction prompt to direct and indirect light; in accommodation negative. — Ex.]
(22d day of medication, 20 d. ϕ at 7:30 a. m., 12:45 and 6 p. m.)
[Muscle balance, distance, exoph. 0° — near, exoph. 4° (prelim. exam., distance ½° — near, 9½°). — Ex.]

3. Ears

Hearing distance r. and l. for watch increased above normal while under ϕ for 14 days.

5. Respiratory System

No previous disease of chest; respiratory system normal in every respect.

A. (19th day of medication.) About 3:30 p. m., rather suddenly, felt fulness of thorax above line of nipples, extending into throat; resp. more rapid and more shallow than usual; nervous restlessness accompanied this; all these symptoms wore off gradually by 8 p. m.

12. Skin

No hereditary tendency to skin diseases, but has occasionally had temporary eruptions. (Symptoms described below possibly of no value.)

A. (18th day of medication.) [A fine papular rash, with soreness on touch, in groups, a few turning to minute vescicles, < on forehead, gradually passed away during day. — D.]
[Noticed this a. m. a scattered vesicular eruption appearing on forehead and cheeks, appeared at first like a rash, or red streak, no itching or burning, but forehead feels sore; as the morning advanced the eruption was less pronounced; shortly after dining forehead and cheeks had practically cleared. — Ex.]

XVII. Mr. L. E. I. of St. Louis, Mo.: medical student; age 21; American parentage; male; single; height 5 ft. 6 in.; weight 145 lbs.; skin fair; eyes gray; hair dark brown; sanguine temperament; plethoric constitution; no hereditary predisposition to disease; no previous sicknesses of moment, except pneumonia at 13, and mumps with metastasis to stomach; has chronic catarrh and acne; subject to no other disturbances of health whatever; present state of health excellent; uses no tobacco, beer, or other alcoholic stimulants, tea or coffee.

February 27 to March 2, 1903. Dosage not stated. "No symptoms."

March 2. Dosage not stated. Rheumatic stiffness in anterior aspect of thigh in extensor muscles, felt most on walking, < 3 p. m. > evening, felt especially on beginning to move. (See Ex. M. and N.)

March 3. Aching in middle of back, from side to side, < standing or walking > when still; when standing a drawing sensation extending from nape of neck to feet as if he were going to fall backward; at times obliged to take a step backward to relieve this feeling; trembling of hands; prover restless, constantly changing position.

March 4 to 7. No dosage and no symptoms entered. (See Ex. M. and N.)

March 7. At least 1 dose, 8 d. ϕ, but no symptoms mentioned.

March 8. Dryness in throat, intense in upper and back part of pharynx, necessitating constant swallowing; choreic jerkings < evening, and while listening to sermon; twitching of individual muscles, especially in legs.

March 9. Great dryness in throat, almost painful; constant hawking of white, stringy, very tenacious mucus; jerking of individual muscles. (See Ex. M. and N.)

March 10. 45 d. ϕ at 10 a. m. and 3 p. m. Jerking of individual muscles continues; felt especially when mind is occupied; beginning in forenoon and continuing during day; sleep last night disturbed by incessant dreaming as soon as he dropped asleep; talked aloud in sleep; awoke finding himself talking aloud even after a short nap; dreams awakened him with a start, then quickly fell asleep again, dreaming on a different subject; slight, sharp pain in l. temple; throat painfully dry with constriction, dryness extending to both trachea and esophagus; impossible to swallow anything dry, must partake of fluid at same time; all food tastes alike, as if he "chewed rags"; breath exceedingly foul; vision disturbed, letters blurred; pupils widely dilated; urination in small stream with frequent interruptions; urine hot, yet not burning; must strain to evacuate bladder, yet in spite of this frequent interruptions. On returning home in evening, after director's examination, noticed loss of sense of direction; would take car going in opposite direction from that in which he intended going; when actually going north, felt as though he were going south; re-

quired great effort to keep headed in the right direction; wanted to take car going west, yet boarded car going east; confusion only affected sense of direction; could distinguish streets and names clearly; later, about 8:15 p. m., began feeling sick all over, staggered and tottered with unsteady gait; sudden, violent vomiting with spasm of diaphragm; vomited matter expelled with force and was bitter, sour and very acrid; no nausea after contents of stomach were expelled. [Subsequent inquiry among his associates developed the fact that to-day prover would ask the same question over and over again, even though it had been answered. — D.]

March 11. Sleep restless and full of dreams; memory of dream ideas blunted; was awakened last night by emission after erotic dream; on waking mouth was moist, but became dry about 11 a. m., drug being taken at 10; mucus in throat so tough that it cannot be expelled, but causes retching; food has no taste; cannot distinguish between meat and bread; cannot tell nature of food by taste; great muscular fatigue; pulse 64; temp. 98.4. (See Ex. M. and N.)

March 12. 30 m. ϕ 3 times daily. Slept well until 4 a. m., after that restless and sleepless; slept in short naps from which dreams awoke him, falling asleep again and having a different dream, which again awoke him; does not remember the dreams well; jerking in r. shoulder, then passing down spine into legs, felt especially when sitting, > when walking about; these contractions occurred sometimes as frequently as 6 per m., and again only once in 10 m.; increased by noise and continued during sleep; taste better; can distinguish foods, but still insipid; no appetite for dinner, but ate hearty supper; feels so weak can scarcely walk.

March 13. Pulse 80; temp. 98.4; feeling of soreness in bladder; bladder feels as if distended; difficulty in micturition, stream small and requiring straining, especially toward end of urination; stream interrupted, almost stops, then flows again; urine no longer feels hot; eyes have a bright appearance with slightly staring expression; vision affected; letters blur; the outline of each letter is indistinct, > holding print some distance away; mouth still very dry; lips sticky, as if covered with mucus; slight nausea about noon; feels better in general, without pain, but fatigue of muscles from the continuous jerking; cramping pain in l. side of abdomen compelling him to double up, and relieved in that position; pain, as near as could be determined, in the descending colon.

March 14. No medicine. Sleep interrupted by dreams which are hazy; still has jerking of muscles, but not at as frequent intervals; dull pain in spot as big as a dime over r. acromion process; nauseated all day; momentary dizziness < walking and standing; mental confusion on street; no dryness in throat; no mucus. (See Ex. M. and N.)

March 15. No medicine. Feels sick, as of some impending illness; everything seems to go wrong; feels despondent; very irritable; least little thing upsets him; feels like scolding; slight nausea all day, < between meals, somewhat > by eating; muscular jerking continues, especially increased when in the least excited; con-

tinues during night; cannot concentrate mind upon one subject, wanders to other subjects; pulse 72, temp. 98.4; urinary symptoms gone.

March 16. Prover has taken cold; complains of having slept badly; very restless, tossing about from side to side; muscular jerking much better; dreadfully despondent when waking in morning, gets better as day goes on. (See Ex. M. and N.)

March 17. Slight jerking of muscles; bowels constipated; stools pasty and scanty, requiring much straining to evacuate.

March 18. Great heaviness in legs, back and thighs, as if he had walked a great distance; feels > out of doors; burning in soles of feet, especially during day; drops asleep immediately on lying down, sleeping too soundly and awakening unrefreshed. (See Ex. M. and N.)

March 19. Muscular jerking about gone. [Symptoms referable to cold have been omitted. — D.]

1. Mind and Nervous System

No hereditary predisposition to, or previous, disease of the mind or nervous system; no tendency to mental disturbance at present; natural disposition practical, quiet, optimistic; emotions easily excited, but under good control; present health as regards the nervous system normal; no vertigo; sleep good and not disturbed; reflexes normal; muscular sense and co-ordination normal.

A. [March 2. Increase of nervous tension; slight tremor of hands; nervous, bodily unrest; no insomnia; no change in reflexes. — Ex.]

Aching in middle of back from side to side, < standing or walking, > when still; when standing, a drawing sensation extending from nape of neck to feet, as if he were going to fall backward, at times obliged to take a step backward to relieve this feeling.

Trembling of hands [2].

Prover restless, constantly changing position.

[March 4. General increase of a sort of nervous erethism; choreic jerking of legs; tremor of hands continues; elbow and knee reflexes exaggerated. — Ex.]

B. [March 6. General nervous unrest, with choreic jerkings of legs; sensation of trembling in hands, < by anything exciting; increase of tendon reflexes; aggravation of nervous state most apparent at night. — Ex.]

Choreic jerkings, < evening and while listening to sermon.

Twitching and jerking of individual muscles, especially in legs (continued in various forms for 12 days).

[March 9. Nervous symptoms same as those of last report, except that choreic jerking is more pronounced in arms; the whole state one of general nervousness, with desire for

change of position when sitting, not noticed when lying down; excitement increases the whole state; reflexes markedly responsive. — Ex.]

C. Jerking of individual muscles felt especially when mind is occupied, beginning in a. m. and continuing through day.

Sleep disturbed by incessant dreaming as soon as he drops asleep.

Talked loud in sleep; awoke finding himself talking aloud, even after a short nap.

Dreams awakened him with a start, then quickly fell asleep again dreaming on a different subject; sleep restless and full of dreams; slept in short naps from which dreams awoke him, falling asleep again and having a different dream, which again awoke him.

Sharp pain in l. temple.

On returning home in evening, after director's examination, noticed loss of sense of direction, would take car going in opposite direction from that in which he intended going; when actually going north, felt as though he were going south; required great effort to keep headed in the right direction; wanted to take car west, yet boarded car going east; confusion only affected sense of direction, could distinguish streets and names very clearly.

Later, about 8:15 p. m. began feeling sick all over, staggered and tottered, with unsteady gait; sudden, violent vomiting, with spasm of diaphragm; no nausea after contents of stomach were expelled.

[Subsequent inquiry among his associates developed the fact that to-day the prover would ask the same questions over and over again, even though they had been answered. — D.]

Memory of dream ideas blunted; does not remember dreams well.

Awakened by emission after erotic dream.

[March 11. Increase in the subsultus tendinum, also in the general nervous state; tests show reflexes increased. — Ex.]

Slept until 4 a. m., after that restless and sleepless.

Jerking in r. shoulder, then passing down spine into legs, felt especially when sitting, > when walking about; these contractions occurred sometimes as frequently as 6 per m. and again only once in 10 m., < by noise, and continued during sleep.

Feels so weak can scarcely walk.

D. Muscles fatigued from continuous jerking.

Sleep interrupted by dreams, which were hazy.

Momentary dizziness, < walking and standing.

Mental confusion on street.

[March 14. Continued increase in choreic movements of limbs up to yesterday, less to-day on account of cutting off

drug, reflexes so exaggerated that the brachial reflexes seemed to reinforce the patella reflex. — Ex.]

Feels sick as of some impending illness.

Everything seems to go wrong; very irritable; least little thing upsets him; feels like scolding.

Feels despondent; dreadfully despondent when waking in a. m., gets better as day goes on.

Muscular jerking, especially increased when the least excited, and continues during night.

Cannot concentrate mind upon one subject, wanders to other subjects.

E. Slept badly, very restless, tossing about from side to side.

[March 16. Nervous symptoms still very much in evidence; choreic jerks diminishing; difficulty in concentrating thoughts; diminution of reflexes. — Ex.]

Great heaviness in legs, back and thighs as if he had walked a great distance.

Feels > out of doors.

Drops asleep immediately upon lying down, sleeps too soundly and awakes unrefreshed.

[March 18. Nervous symptoms rapidly disappearing; reflexes less and less exaggerated. — Ex.]

2. Eyes

On preliminary examination little deviation from normal noted in any respect, except hyperopia, which is corrected by proper glasses.

A. Vision disturbed, letters blurred.

Pupils widely dilated.

E. Eyes have a bright appearance, with slightly staring expression; letters blur; outline of each letter indistinct, > holding print some distance away.

Summary: [The results of this series of examinations, extending over 2 wks. time, reveal a definite action of the remedy as evidenced by slight dilation of pupils; increased sensitiveness to light; fundus hyperemia; a certain wildness and excitable stare of the eyes, and an increased hyperemia of conjunctival and lid tissues. — Ex.]

3. Ears

Summary of Routine Examinations: [In this series of tests extending over 2 wks., the only change which could be clearly demonstrated, as far as the ears and hearing are concerned, was that after a few days the hearing became more acute, more sensitive to sounds. — Ex.]

4. Nose and Throat

Preliminary examination showed chronic hypertrophic catarrh of whole nasal and pharyngeal tract. Routine examinations were made and recorded faithfully by the special examiner, but the chronic condition of the prover lessened their value very materially. All symptoms which can fairly be attributed to the action of the drug have been incorporated in the text of the narrative and all other symptoms discarded.

A. Dryness in throat intense in upper and back part of pharynx, necessitating constant swallowing.
B. Great dryness in throat, almost painful.
Constant hawking of stringy, very tenacious mucus.
C. Throat painfully dry, with constriction, the dryness extending to both trachea and esophagus.
D. Mucus in throat so tough that it cannot be expelled, but causes retching.
On waking mouth was moist, but became dry 1 hr. after taking drug.
E. Mouth very dry [3].

7. Alimentary System

A. Dryness in throat intense in upper and back part of pharynx, necessitating constant swallowing.
B. Throat painfully dry, with constriction, dryness extending to both trachea and esophagus.
Impossible to swallow anything, must partake of fluid at same time.
All food tastes alike, as if he "chewed rags."
Sudden, violent vomiting, with spasm of diaphragm; vomited matter expelled with force and was bitter, sour and very acrid; no nausea after contents of stomach were expelled.
On waking mouth was moist, but became dry 1 hr. after taking drug.
Mucus in throat so tough it cannot be expelled, but causes retching.
Food has no taste; cannot distinguish between meat and bread; cannot tell nature of food by taste.
C. No appetite for dinner.
Mouth very dry [3].
Lips sticky as if covered with mucus.
Slight nausea; nauseated all day [2], < between meals, somewhat > eating.
Cramping in l. side of abdomen compelling him to double up and > in that position, pain as near as could be determined in descending colon.

E. Bowels constipated; stools pasty and scanty, requiring much straining to evacuate.

8. Genito-Urinary System

No predisposition to, or previous, disease of the genito-urinary tract; bladder normal; urethra normal; sound passes easily to neck of bladder; prostate normal.

A. Urination in small stream, with frequent interruption.
Urine hot yet not burning.
Must strain to evacuate bladder, yet in spite of this frequent interruptions.
B. Awakened by emission after erotic dream.
D. Feeling of soreness in bladder.
Bladder feels as if distended.
Difficulty in micturition, stream small and requiring straining, especially toward end of urination; stream interrupted, almost stops, then flows again.
Summary: [Small stream, frequently interrupted, with considerable straining and sensation as if bladder were inflamed and too full; symptom lasted 4 days and ceased on stopping medicine; it was better in a. m., < noon till retiring. — Ex.]

11. Bones and Muscular System

A. Rheumatic stiffness in anterior aspect of thigh, in extensor muscles, felt most on walking, < 3 p. m., > evening, felt especially on beginning to move.
Aching in middle of back from side to side, < standing or walking, > when still.
Trembling of hands.
Prover restless, constantly changing position.
B. Choreic jerkings, < evenings and while listening to sermon.
Twitching and jerking of individual muscles, especially in legs (continued in various forms for 12 days).
C. Jerking of individual muscles, felt especially when his mind is occupied, beginning in a. m. and continuing through day.
Great muscular fatigue; feels so weak can scarcely walk.
D. Muscles fatigued from continuous jerking.
Dull pain in a spot as big as a dime over acromion process.
Muscular jerking especially increased when the least excited, and continues during night.
E. Great heaviness in back, legs and thighs, as if he had walked a great distance.

14. General Systemic Conditions

Restlessness, constantly changing position; restless and sleepless after 4 a. m.; restless sleep [2].

Sleep disturbed.
Feels sick as if from some impending illness.
Drops asleep immediately on lying down; sleeps too soundly and awakes unrefreshed.

XVIII. Mr. O. H. B. of St. Louis, Mo.: medical student; age 20; Swiss parentage; male; single; height 5 ft. 8 in.; weight 136 lbs.; skin fair; eyes brown; hair dark; temperament nervo-sanguine; no hereditary predisposition to disease; no previous sicknesses of moment except tonsilitis and anemia (tonsils removed last fall); subject to catarrhal affections; ocular headaches, alternate constipation and diarrhea and acne, otherwise no tendency to disturbances of any sort; present state of health excellent. Uses no tobacco, beer, or other alcoholic stimulants; drinks weak tea and no coffee; tea continued during proving.

March 13, 1903. Dosage not stated. Dryness in mouth and throat; roughness as if he had eaten a green persimmon.

March 14. Stringy mucus in throat very hard to dislodge. At 2 a. m. violent, intermittent, cramping pain in l. side of abdomen (descending colon) > by pasty stool with much flatus. An undefined feeling as if things were different about him than usual; feels > open air, < warm room; blurring of vision, r.; pupils dilated.

March 15. Dizziness < sitting in warm room reading; still complains of indefinite feeling of strangeness; at supper table cramping pain in umbilical region < after eating an orange and after rising and moving about; small, soft, brownish-yellow stool after straining and preceded by much flatus.

March 16. 30 d. ϕ at 8 and 11 a. m. and 2 p. m. Felt hot over entire body, especially face; nose feels stopped up; throat very dry, as if he had eaten persimmons; tires very quickly; on attempting to read, letters first seem clear, soon look irregular, then blur and disappear entirely; eyes look suffused, staring and wild; voice thick and husky; empty swallowing gives sensation of raw surface; symptoms < 3 to 4 p. m; pulse 72; temp. 98.2; despondent and restless. [Marked hyperesthesia of entire nasal and pharyngeal tissues; tissues dark red; secretion moderate, thick, white, difficult to expel; mucous membrane dry and glistening, especially in posterior pharynx; feels dry and drawn up as from astringent; nose feels occluded, but really is open as freely as chronic hypertrophic condition will permit; can breathe through both sides but not freely, > a. m., < p. m. — Ex.]

March 17. 40 d. ϕ at 8 and 10 a. m. and 2 p. m. Prover feels hot all over; skin dry and rough; slight, warm perspiration on covered parts; pulse 110; temp. 98.6; feels all symptoms most when resting after a walk; drinking cold water causes constriction in throat, but warm tea does not produce this effect; throat

intensely dry with stringy, tenacious mucus; nose feels stopped up and dry; loss of appetite for supper; must moisten food previous to swallowing; on attempting to read, print looks all right at first, then rapidly blurs and fades away; on attempting to write finds same difficulty; dull pain over eyes when straining to read. [Fundus hyperemia. — Ex.] First part of stool hard and dry, last moist.

March 18. 40 d. ϕ at 8 and 11 a. m. and 2 p. m. Feeling of heat over entire body, < ½ hr. after taking drug, yet feels cool to the touch; pulse 116; blurring of vision when looking at near objects, but not when looking at distant objects; dizziness when looking at anything; nose feels less obstructed; restless, pacing up and down the room. Drug discontinued. [Very dry, compact chunks of white mucus difficult of expulsion; mouth and throat dark red, dry and glistening; brownish secretion with brownish coating on lips; lips dry; tongue dry, coated yellow, mostly at base with tip bright red but dark in color; whole soft palate, uvula and pillars dark red and dry, which is also true of epiglottis and larynx; slight hoarseness from congestion of vocal cords and larynx. — Ex.]

March 19. Complains of great weakness; profuse perspiration over entire body, with feeling of great internal heat; pulse 112; about 8:30 a. m. soft, brownish, lumpy, diarrheic stool; qualmishness at stomach; at times feeling of heat in stomach, with great nausea; feels as if he had been on "a big spree"; could not eat dinner because of disgust for food; profuse secretion of watery mucus in mouth; upon least exertion profuse perspiration and weakness which obliges him to desist; looks pale and worried; very dizzy.

1. Mind and Nervous System

No predisposition to, or previous, disease of mind or nervous system. Natural disposition even and unimaginative, quiet and optimistic; emotions not easily excited and under good control; no vertigo.

A. An undefined feeling as if things were different about him than usual.
B. An indefinite feeling of strangeness.
C. Tires very quickly; upon least exertion perspiration and weakness oblige him to desist.
Eyes look staring and wild.
Despondent and restless; restless, pacing up and down the room.
D. Dizziness when looking at anything; very dizzy.
E. Complains of great weakness; feels as if he had been on "a big spree."
Looks pale and worried.

2. Eyes

Slight conjunctivitis; vision without glasses 15/10 r. and l.; near point for diamond type 4 in. r. and l.; fundus normal; muscle balance normal; glasses are worn which correct defects.

A. Blurring of vision, r.; pupils dilated.
C. On attempting to read, letters first seemed clear, soon irregular, then blurred and disappeared entirely [2]; on attempting to write found same difficulty.
Eyes looked suffused, staring and wild.
D. Dull pain over eyes when straining to read.
[Fundus hyperemic. — Ex.]
E. Blurring of vision when looking at near objects, but not when looking at distant objects.

4. Nose and Throat

No hereditary predisposition to disease of nose or throat; frequent and acute tonsilitis until tonsils were removed last fall; chronic nasal and pharyngeal catarrh; slight hypertrophy of inferior turbinated bodies, middle normal; no abnormal contact points; moderate chronic inflammation of larynx.

A. Dryness in mouth and throat [2].
Roughness and dryness in throat, as if he had eaten green persimmons [2].
B. Stringy mucus in throat, very hard to dislodge.
C. Nose feels stopped up [3] and dry; voice thick and husky.
Empty swallowing gives sensation of raw surface.
[Marked hyperesthesia of entire nasal and pharyngeal tissues; tissues dark red; secretion moderate, pink, white, difficult to expel; mucous membrane dry and glistening, especially in posterior pharynx, which feels dry and drawn up as from astringent; nose feels occluded, but really is as freely open as chronic hypertrophic condition will permit; can breathe through both sides, but not freely, > a. m., < p. m. — Ex.]
D. Drinking cold water causes constriction in throat, but warm tea does not produce this effect.
Throat intensely dry, with stringy, tenacious mucus.
E. [Very dry, compact chunks of white mucus, difficult of expulsion; mouth and throat dark red, dry and glistening, whole soft palate, uvula and pillars dark red and dry, which is also true of epiglottis and larynx; slight hoarseness from congestion of vocal cord and larynx. — Ex.]

6. Circulatory System

Heart and pulse normal in every respect upon preliminary examination.

A. Feels hot over entire body[2], especially face; pulse 72; temp. 98.2.
B. Pulse 110; temp. 98.6.
D. Feeling of heat over entire body, < ½ hr. after taking drug, yet feels cool to the touch; pulse 116.
E. Profuse perspiration over entire body, with feeling of great internal heat; pulse 112.

Summary: [Force of heart's action increased; regularity unchanged; frequency increased from 74 to 116 per m.; sounds remained normal and no murmurs developed; strength and tension of pulse increased, but regularity not affected. — Ex.]

7. Alimentary System

A. Dryness in mouth and throat[2].
Roughness and dryness in throat, as if he had eaten green persimmons; 2 a.m. violent, intermittent, cramping pain in l. side of abdomen (descending colon) > by pasty stool with much flatus.
B. At supper table cramping pain in umbilical region, > after eating an orange and after rising and moving about.
Small, soft, brownish-yellow stool after straining, and preceded by much flatus.
C. Empty swallowing gives sensation of raw surface.
Posterior pharynx feels dry and drawn up as from astringent.
D. Drinking cold water causes constriction in throat, but hot tea does not produce this effect.
Loss of appetite for supper.
Must moisten food previous to swallowing.
First part of stool hard and dry, last moist.
[Mouth and throat look red, dry and glistening; brownish secretion with brown coating; lips dry; tongue dry, coated yellow, mostly at base, with tip bright red, but dark in color. — Ex.]
E. Soft, brownish, lumpy, diarrheic stool.
Qualmishness at stomach.
At times feeling of heat in stomach, with great nausea.
Feels as if he had been on "a big spree."
Could not eat dinner because of disgust for food.
Profuse secretion of watery mucus in mouth (with disgust for food).

11. Bones and Muscular System

A. Tires very quickly.
E. Complains of great weakness; upon least exertion, profuse perspiration and weakness, which obliges him to desist.

12. Skin

A. Skin dry and rough.
Slight, warm perspiration upon covered parts of skin.

14. General Systemic Conditions

Felt hot over entire body; violent heat over entire body although it felt cool to touch; pulse 116.
Tires very quickly; great weakness; least exercise causes profuse perspiration, which obliges him to desist.
Slight, warm perspiration on covered parts.
Profuse perspiration over entire body, with a feeling of great internal heat; pulse 112.
Feels as if he had been on "a big spree."

XIX. Mrs. R. T. of Cleveland, O.: medical student; age 30; American parentage; female; married; has 2 children; height 5 ft. 4 in.; weight 139 lbs.; skin fair; eyes blue; hair brown; temperament nervous; no hereditary predisposition to disease, unless it be a tendency to some heart difficulty; family has also a history of rheumatism; chorea at age of 13 and typhoid fever 5 yrs. ago; not subject to neuralgia and has no rheumatism; subject to nasal catarrh; not subject to headache or insomnia; has had some palpitation at times and distress in region of heart; has some indigestion at times, principally nervous; no disturbances of the intestinal tract, kidneys or bladder; menses usually anticipating; has "hives" at times; present state of health good; drinks some tea, but no coffee; tea not discontinued during proving.

January 17 to 22, 1903. Placebo with no symptoms of moment.
January 22. 10 d. ϕ 3 times a day. No symptoms referable to drug.
January 23. Same dosage. "Strawberry" appearance of tongue; tongue sore; abdomen distended; face sallow; chilliness; head aches in upper part of forehead; slight leucorrhea < when walking (usually noticed only for a day just after menstruation); decreased sexual desire; brick dust sediment in urine.
January 24. 15 d. ϕ 3 times a day. No symptoms noted.
January 25. Same dosage continued. Soreness in r. lung with pain extending through to back and up under scapula; dimness of

vision as from film over eyes < r. Irritation and burning in urethra during micturition and tenesmus afterwards; urine flows slowly (slowness of urine remained throughout proving); tongue coated yellow; mouth slimy, with putrid taste and odor; abdomen distended; passage of much flatus; appetite decreased; all food tastes flat or bitter and much thirst for cold water.

January 26. Same dosage. Puffiness of upper lids on rising; dull headache < over r. eye; pupils dilated; pain in small of back; stitching pains in r. ovary; tenacious mucus in posterior nares; anterior nares dry and sore; mouth dry, lips stick together; mouth tender in chewing; small sores on side of tongue; mouth tastes putrid; breath offensive; much thirst for cold water; abdomen much distended with gas; feet swollen toward night; feet tender, joints of large toes red and painful — cannot bear pressure of shoes; slight pain in lumbar region of spine; vertigo when lying down; seems as if the pillows were sinking down.

January 27. 15 d. ϕ 3 times a day. Eyelids agglutinated on waking; dreamed of insects; last joint of second toe r. very painful on first walking in the morning, continuing through day; later, pains in all the toes of both feet < r; pain in feet, which became somewhat swollen; confused feeling in head; very forgetful; cannot remember day of week or day of month; feels despondent at times and then very cheerful; smarting and lachrymation in both eyes < r. pupils dilated; can see objects far away, but not at the usual visual distance; looking at an object causes a glimmering sensation; in trying to thread a needle this was caused by the bright surface; nose dry and sore; mouth dry and tender; crust of bread hurts mouth; tongue has small, sore spot on r. side, whole tongue sore and tender; taste perverted; food tastes flat or bitter; putrid taste in mouth < morning; craves coffee, which is unusual; colicky pains in abdomen about navel every hr. or two > by passing flatus; dull pain in lumbar region; chilliness extending from neck down back; air seemed to chill her, although not very cold; leucorrhea more marked; decreased sexual desire.

January 28. 20 d. ϕ 3 times a day. Sleep disturbed on account of colic; pain in back and troublesome dreams; dreamed all night of insects, felt as though something were crawling over the back and in the hair, got up to examine, but could find nothing; eyes feel as if pushed out of sockets; sensation of tension of eyeballs, which extends to forehead; pain in eyeballs shooting backward into cranium; vision doubled at ordinary reading distance; cannot see to read. (See Ex. Eyes.) Frontal headache < over r. eye, < lying down; vertigo with staggering on rising; feels stupid; backache continues; dull pain over eyes; objects blur[2] after using eyes a few moments; letters run together when reading; aching numbness in legs; feet hot and dry; feels chilly; colicky pains in abdomen accompanied by rumbling of gas; looseness of bowels. Symptoms more noticeable on r. side of body.

January 29. 20 d. ϕ 3 times a day. Menses appeared anticipating 2½ days (not unusual); nothing unusual in flow except perhaps a brighter red; headache and all distressing symptoms relieved by menstrual flow; slept poorly; dreamed of lice; headache <

lying down; staggers upon walking; feels stupid and drowsy; muscles at back of neck stiff and sore; legs ache as if she had walked miles; feet dry and hot; abdomen greatly distended with feeling as though skin would burst.

January 30. 25 d. ϕ 3 times a day. Sharp pain in r. ovary, other pains in ovaries and uterus as usual during menstruation, only peculiar feature is aggravation of sharp pain in r. ovary; marked absence of usual sexual desire at menstrual period; very drowsy and stupid; feels very tired, as though she had been overworked; feels depressed; inclined to be discouraged; eyes worse, cannot read or do anything which requires close vision; vision blurred; objects appear double, but images are very close together; pupils very much dilated; eyes feel as though sand were in them < on using; a fine, scarlet-like rash appears upon the cheeks, which are redder than usual; mouth dry; throat a little sore < l.; tongue seems thick; has some difficulty in articulating plainly; at times sinking feeling in precordial region; pulse 100; urine flows very slowly; bladder does not seem to contract; urine seems to flow from force of gravity; symptoms < toward night.

January 31. 25 d. ϕ 3 times a day. Spirits depressed; can see to write only a few moments, when vision becomes dim; bright objects appear double; pupils much dilated < r.; unsteady gait; feels giddy as if intoxicated; constriction of esophagus when swallowing < with soft foods and liquids; jerking in whole r. leg (had chorea in childhood); severe pain over base of heart after walking a distance; feeling in region of heart as though something would break if she walked fast; watery diarrhea with flatus; much pain and burning in anus; head feels top-heavy; headache centring over r. eye; nose feels sore; sense of dryness in naso-pharynx. [Small ulcers on each side of septum; thick, tenacious mucus on post wall of pharynx. — Ex.]

February 1. 20 d. ϕ 3 times a day. Profuse perspiration on waking and seemed to feel better in consequence; great drowsiness all day; seems very stupid; laughs about little things, although usually very quiet; eyelids feel very heavy; mouth less dry; extreme nausea without vomiting, beginning about 2 hrs. after breakfast and continuing until dinner was eaten; symptoms apparently relieved by eating; neuralgic pain back and under r. ear; small spots on neck and shoulders, which itch violently; feels as though a fly were crawling on the arms, especially in bends of elbows; weak, trembling and very nervous; least excitement < nervousness; all the p. m. a dry feeling in vagina as if it stood open and the walls were dry and rubbed upon each other in walking.

February 2. 15 d. ϕ 3 times a day. Very weak and easily tired; feels discouraged; feels on verge of nervous illness; aching pains in legs with numbness < r. side and on lying down; desire to draw up legs to relieve pain and numbness, relief not afforded by drawing up legs; legs do not readily respond to action, cannot take long steps, cannot walk fast, seems like a motor paralysis; arms are awkward; cannot hold packages in hands without their slipping down; headache all day in vertex; mouth very dry;

mouth tastes badly; tongue sticky; urine increased in quantity since taking remedy; pulse 100 at 3 p. m. [Lids slightly agglutinated and sandy; does not see double now; though near objects are a little blurred. — Ex.] (See Ex. Eyes.)

February 3. Drug discontinued at noon to-day. Sick feeling at stomach; after supper felt so dull and unusually sleepy that she retired at once; after an hour's sleep awoke with severe headache, low in occiput and headache in lumbar region; eyes were half closed and she could not raise lids further; upper lids seemed paralyzed and felt heavy; eyes looked dull, but vision seemed normal; tongue felt thick, could not talk easily, did not seem to have good control of tongue; had awkward feeling in legs and arms, they were not entirely under control of the will. [No soreness in nose and dryness less; no ulcers on septum; slight, tenacious discharge in posterior wall of pharynx. — Ex.]

February 4. Dreamed during night of lice on head, wakened and searched for them, but found nothing; condition of eyelids slowly improved; usually has feeling of heaviness and congestion of uterus during menstrual period and consciousness that it occupied a lower position, but during this period these symptoms have been absent, seem to have been entirely relieved by the drug, but returned somewhat to-day; while taking the drug has had no sexual desire, but since its discontinuance a normal desire has returned; sick feeling at stomach when empty; dizziness just before noon, "as though bilious"; eyes seem to cross for a few moments; marked discouragement and melancholy; some headache in vertex all day; does not feel like studying; all work seems troublesome; wants to rest and sleep; pulse 100 at 8 p. m.

February 5. Extreme melancholy and "anguish of mind." [Menstruation 2½ days too soon (not unusual) > headache, eyes, etc.; marked nervous tension also >; sexual desire markedly decreased after taking 2 doses and so continued during entire proving; desire returned as soon as drug was discontinued; prover emphasizes this point; effect upon breasts negative; during menstruation aching pains in limbs, < at night; sharp, shooting pains in r. ovary (normal) just before and during menstruation, not since; increased perspiration, especially on feet on awakening. — Ex.]

February 6. Increased sexual desire accompanied by violent cardiac pain and palpitation; globus hystericus and other hysterical symptoms; pulse 104; on waking this morning found slight rash on anterior surface of arms and on l. chest which itched and resembled scarlet rash, but was not rough on passing hand over surface except where it had been scratched; in those places it was slightly rough and tiny, bright red, ecchymotic spots, size of pin-points, appeared where it was rubbed most; the rash disappeared in a short time after moving about in cool air, but a few of the ecchymotic spots remained.

February 7. The ecchymotic spots were present this morning on one shoulder, appearing as tiny brown speckles.

February 8. Some prolapse of uterus; cervix seems sore as if

ulcerated and hurts at each step when walking; backache in lumbar region came on in evening; pain in eyeballs after studying a little > by partly closing eyes; continued headache < toward evening, at times very low in occipital region, at other times in vertex and at others frontal, but not violent.

February 11. Pulse 84; state of mind much improved; muscles of back sore to touch and on moving, especially in cervical region; condition of uterus much better; back still aches after supper; mental faculties seem about normal when beginning to study after a few hrs. rest, but in about ½ hr. head and eyes begin to ache, feels tired, cannot comprehend, and becomes confused and discouraged (when in usual health can study several hrs. without marked fatigue).

February 12. Pulse 84; many small symptoms have occurred, mostly of short duration, as rheumatic pain in knee or ankle upon several occasions; peculiar, transient, numbing pain in l. pectoral muscle extending down l. arm, and once in r. pectoral muscle.

February 14. Backache in lumbar region recurs each evening about 5 o'clock, lasting till bedtime, and seeming like the backache frequently felt before the monthly flow; uterus still slightly congested and lower than normal. While taking drug was not cross or irritable and was inclined to be indulgent with her family; was stupid, absent-minded and frequently jolly, laughing violently at small things; discouragement and melancholia came on as soon as the dose was decreased, and proved the most trying symptom noted; hysterical symptoms, especially globus hystericus, have continued to appear at times; pulse 88 at 6 p. m.; this evening constant feeling of chilliness.

February 15. Chilliness continues during day; fingers look shrivelled and nails blue; cutaneous nerves near palmar surface of fingers were numb, with peculiar, tingling feeling on rubbing hands together to relieve numbness; face mottled in appearance, as though jaundiced on temples and forehead, and elsewhere red places and dull purplish spots; eyes sunken, with dark rings beneath; pulse weak and poor in quality (during last week drug was being taken and all the time since, pulse has been poor and irregular, especially just after the drug was discontinued); throat slightly sore; constipation with no desire for stool, as though intestinal tract were empty, "or not present at all"; backache in lumbar region lasted during evening as usual.

[During the night of the 15th some fever appeared and the prover entered upon a period of discomfort and some anxiety, which induced her to resort to antidotes, taking in turn, from that time until the afternoon of the 19th, Gels. 3 x., Camphor tinct., Aeon. tinct. and Nux Vom. 2 x. without avail, but experiencing almost immediate relief from all her symptoms upon taking Passiflora, 10 d. in ½ glass of water, strength not stated. — D.]

1. Mind and Nervous System

Nervous temperament; chorea at age of 13 yrs.; not subject to neuralgia; not subject to headache or insomnia; present state

of health good; drinks some tea, but no coffee; tea not discontinued during proving.

A. Head aches in upper part of forehead.
Dull, frontal headache [3], < over r. eye [3], < lying down [2].
Slight pain in lumbar region of spine.
Vertigo when lying down.
Sensation as though the pillows were sinking down.
Dreamed all night of insects [2]; felt as though something were crawling over the back and in the hair, got up to examine, but could find nothing; dreamed during night of lice on head, awakened and searched for them, but found nothing.
Confused feeling in head.
Very forgetful; cannot remember day of week or day of month.
Feels despondent at times and then very cheerful.
Chilliness extending from neck down back.
B. Sleep disturbed by troublesome dreams.
Pain in eyeballs shooting back into cranium.
Sensation of tension in eyeballs, which extends to forehead.
Vertigo, with staggering on rising; staggers upon walking; unsteady gait, feels dizzy as if intoxicated.
Feels stupid [3] and drowsy [3].
Dull, aching numbness in legs.
Headache somewhat > by menstrual flow.
Slept poorly.
Feels very tired as though she had been overworked; very weak and easily tired.
Feels depressed [2], inclined to be discouraged [3] and melancholy.
Jerking in whole r. leg (had chorea in childhood).
Head feels top-heavy.
C. Laughs about little things, although usually very quiet.
Neuralgic pain in back and under r. ear.
Weak, trembling and very nervous; the least excitement < nervousness; feels on verge of nervous illness.
Aching pains in legs, with numbness, < r. side and on lying down; desire to draw up legs to > pain and numbness, relief not afforded by drawing up legs.
Legs do not readily respond in action; cannot take long steps; cannot walk fast; seems like a motor paralysis.
Arms are awkward; cannot hold packages in hands without their slipping down.
Headache all day in vertex [2].
After supper felt so tired and unusually sleepy that she retired at once.
Awoke from sleep with severe headache below occiput and backache in lumbar region.
Eyes were half closed and she could not raise lids further [2].
Upper lids seemed heavy [2] and paralyzed.

Tongue felt thick; could not talk easily; did not seem to have good control of tongue.
Had awkward feeling in legs and arms, they were not entirely under control of the will.
Dizziness just before noon "as though bilious."
Disinclination to either study or work, wants to rest and sleep.
D. Extreme melancholy and "anguish of mind."
Globus hystericus and other hysterical symptoms.
Continuous headache, < toward evening, at times very low in occipital region, at other times in vertex, at others frontal, but not violent.
E. Mental faculties seem about normal when beginning to study after a few hrs. rest, but in about ½ hr. head and eyes begin to ache, feels tired, cannot comprehend and becomes confused and discouraged. (When in usual health can study several hrs. without marked fatigue.)
Cutaneous nerves, near palmar surface of fingers, were numb, with peculiar tingling feeling on rubbing hands together to relieve numbness.
[While taking drug was not cross or irritable and was inclined to be indulgent with her family; was stupid, absent-minded and frequently jolly, laughing violently at small things. Discouragement and melancholia came on as soon as the dose was decreased and proved the most trying symptom noted. Hysterical symptoms, especially globus hystericus, have continued to appear at times. — D.]

2. Eyes

A. Dimness of vision as from film over eyes, < r.
Puffiness of upper lids on rising.
Pupils dilated [4], < r.
E. Eyes agglutinated on waking.
Smarting [2] and lachrymation [3] in both eyes, < r., < looking closely.
Can see objects far away, but not at the usual visual distance.
Looking at an object causes a glimmering sensation; in trying to thread a needle this was caused by the bright surface.
Eyes feel as if pushed out of their sockets.
Sensation of tension of eyeballs, which extends to forehead.
Pain in eyeballs shooting backward into cranium.
Vision double at ordinary reading distance.
Cannot see to read [2], or do anything which requires close vision.
Dull pain over eyes.
Objects blur [2] after using eyes a few moments.
Letters run together when reading.
[January 28. Palpebral conjunctiva slightly congested;

diam. pupils 6 mm.; muscle balance, distance, exoph. 1°, near orthoph. — Ex.]

C. Objects appear double, but images are very close together.
Eyes feel as though sand were in them, < on using.
Can see to write only a few moments when vision becomes dim.
Bright objects appear double.

D. Eyelids feel very heavy.
[February 2. Lids slightly agglutinated and sandy; pupils diam. 4 mm.; muscle balance, distance, exoph. ½°, near, exoph. 1°. — Ex.]

E. In evening awoke from sleep with eyes half closed and could not raise lids further.
Upper lids seemed heavy and paralyzed.
Eyes looked dull, but vision seemed normal.
Eyes seemed to cross for a few moments.

3. Ears

A. Neuralgic pain back of and under r. ear.

4. Nose and Throat

Subject to catarrh.

A. Tenacious mucus in posterior nares.
Anterior nares dry and sore.
Nose dry and sore [2].
Throat a little sore [2], < l.
Tongue seems thick [2]; has some difficulty in articulating clearly [2].

B. Sense of dryness in naso-pharynx.
[Small ulcers on each side of septum; thick, tenacious mucus on posterior wall of pharynx. — Ex.]

C. Did not seem to have good control of tongue.
[Slight, tenacious discharge on posterior wall of pharynx. — Ex.]

5. Respiratory System

A. Soreness in r. lung, with pain extending through to back and up under scapula.

6. Circulatory System

Possible hereditary tendency to some heart difficulty; has had some palpitation at times and distress in region of heart; some indigestion at times, principally nervous; present state of health good.

A. At times, sinking feeling in precordial region (pulse 100).
Severe pain over base of heart after walking a distance.
Feeling in region of heart as though something would break if she walked fast.
B. Pulse 100 at 3 p. m; pulse 100 at 8 p. m.
C. Pulse 104.
D. (Drug discontinued for 8 days.)
Pulse 84 twice.
E. Pulse 88 at 6 p. m.
Pulse weak and poor in quality.
[During last week drug was being taken, and all the time since, pulse has been poor and irregular, especially just after drug was discontinued. — D.]

7. Alimentary System

Has some indigestion at times, principally nervous; no disturbances of intestinal tract.

A. "Strawberry" appearance of tongue.
Tongue sore; small sores on side of tongue; tongue has small sore spot on r. side; whole tongue sore and tender.
Abdomen distended [2].
Tongue coated yellow.
Mouth slimy with putrid taste [3] < morning and odor.
Passage of much flatus.
Appetite decreased.
All food tastes flat or bitter [2].
Much thirst for cold water [2].
Mouth dry [4].
Lips stick together.
Mouth tender in chewing [2]; crust of bread hurts mouth.
Breath offensive.
Taste perverted.
Craves coffee, which is unusual.
Colicky pain in abdomen about navel every hr. or two, > by passing flatus.
B. Colicky pain in abdomen accompanied by rumbling of gas.
Looseness of bowels.
Abdomen greatly distended, with feeling as though skin would burst.
Tongue seems thick [2].
Constriction of esophagus when swallowing, < soft foods and liquids.
Watery diarrhea with flatus.
Much pain and burning in anus.
C. Extreme nausea without vomiting, beginning about 2 hrs. after breakfast and continuing until dinner was eaten.

Symptoms apparently > by eating.
Mouth tastes badly.
Tongue sticky.
Sick feeling at stomach when empty[2].
Did not seem to have good control of tongue.

E. Constipation, with no desire for stool, as though intestinal tract were empty or not present at all.

8. Genito-Urinary System

Prover's age 30; married; has 2 children; no hereditary predisposition to diseases of genito-urinary tract and no previous disease, except that after the birth of last child, 6 yrs. ago, had leucorrhea for some time; present health good; no disturbances of kidney or bladder. R. ovary normal, l. ovary has occasional sharp pains just preceding menstruation; position of uterus slightly low, < during menstruation; size normal, depth by sound 2½ in; has had bi-laceration of cervix; menses usually anticipating, normal in character, though somewhat profuse; increase of sexual excitement from 2 days preceding period, during period, and 2 days after period, but not abnormal in degree; leucorrhea slight, for a day just after menstruation.

A. Slight leucorrhea, < when walking.
Decreased sexual desire[2].
Brick dust sediment in urine.
Irritation and burning in urethra during micturition and tenesmus afterwards.
Urine flows slowly (slowness remained throughout proving.)
Stitching pain in r. ovary.
Leucorrhea more marked after 5 days.

B. Menses appeared, anticipating 2½ days (not unusual); nothing unusual in flow, except perhaps a brighter red; headache and all distressing symptoms > by menstrual flow.
Sharp pain in r. ovary; other pains in ovary and uterus as usual during menstruation, only peculiar feature is aggravation of pain in r. ovary.
Marked absence of usual sexual desire at menstrual period.
Urine still flows very slowly; bladder does not seem to contract; urine seems to flow from force of gravity.
All the p. m. a dry feeling in vagina as if it stood open and the walls were dry and rubbed upon each other in walking.
Urine increased in quantity since taking remedy.

C. Usually has feeling of heaviness and congestion of uterus during menstrual period, and consciousness that it occupied a lower position, but during this period these symptoms have been absent, seem to have been entirely > by drug, but returned somewhat to-day.

While taking drug had no sexual desire, but since its discontinuance (at noon yesterday) a normal desire has returned.

[Menstruation $2\frac{1}{2}$ days too soon (not unusual) > headache, eyes, etc.; marked nervous tension also >; sexual desire markedly decreased after taking 2 doses, and so continued during entire proving; desire returned as soon as drug was discontinued (prover emphasizes this point); effect upon breasts negative; during menstruation aching pains in limbs, < at night; sharp shooting pains in r. ovary (normal) just before and during menstruation, not since; increased perspiration, especially on feet on awaking. — Ex.]

Increased sexual desire accompanied by violent cardiac pain and palpitation.

D. Some prolapse of uterus.

Cervix seems sore as if ulcerated, and hurts at each step when walking. (Better after 4 days.)

Backache in lumbar region came on in evening.

E. (6 days later.) Backache in lumbar region recurs each evening about 5 o'clock, lasting till bedtime, and seems like the backache frequently felt before the monthly flow.

Uterus still slightly congested and lower than usual.

9. Urine

SUMMARY OF ANALYSES

Specific gravity diminished; quantity markedly increased; total amount solids decreased from 65 to 46 gms.; sulphates increased; chlorides decreased (1.2 to .7 per cent.); percent. of urea decreased (2.1 to 1.5 per cent.); no albumin or sugar.

11. Bones and Muscular System

A. Pain in small of back.

Feet swollen [2] toward night.

Feet tender; joints of large toes red and painful, cannot bear pressure of shoe; last joint of second toe, r., very painful when first walking in a. m., continuing through day; later, pains in all the toes of both feet, < r.

Pain in feet; feet hot [2] and dry [2].

Dull pain in lumbar region of spine [2].

Sleep disturbed on account of pain in back.

Dull, aching numbness in legs; legs ache as if she had walked miles.

Staggers upon walking.

Muscles of back of neck stiff and sore.

B. Aching pains in legs, with numbness, < r. side and on lying

down, with desire to draw up legs to > pain and numbness, which does not afford relief.

Limbs do not readily respond in action.

Cannot take long steps; cannot walk fast, seems like a motor paralysis.

Arms are awkward; cannot hold packages in hands without their slipping down.

Awkward feeling in legs and arms; they are not entirely under control of the will.

Backache in lumbar region came on in evening. (Continued 8 evenings.)

Muscles of back sore to touch and on moving, especially in cervical region.

E. Rheumatic pains in knee or ankle noted on several occasions.

Transient, numb pain in l. pectoral muscle extending down arm upon several occasions, and once in r. pectoral muscle.

12. Skin

Subject at times to "hives."

A. Sensation on waking at night as though something were crawling over back and in the hair; got up to examine, but could find nothing [2].

A fine scarlet-like rash appears upon cheeks, which are redder than usual.

B. Profuse perspiration on waking, and seemed to feel better in consequence.

Small spots on neck and shoulders, which itch violently.

Feels as though a fly were crawling on the arms, especially in bend of elbows.

C. On waking found slight rash on anterior surface of arms and on l. chest, which itched and resembled scarlet rash, but was not rough in passing the hand over surface except where it had been scratched; in those places it was slightly rough, and tiny, bright red, ecchymotic spots, size of pin-points, appeared where it was rubbed most; the rash disappeared in a short time after moving about in cool air, but a few of the ecchymotic spots remained, and were present next morning on one shoulder, appearing in tiny brown speckles.

E. During chilliness fingers looked shrivelled and nails blue.

Cutaneous nerves near palmar surface of fingers were numb, with peculiar tingling feeling on rubbing hands together to relieve numbness.

Face mottled in appearance, as though jaundiced on temples and forehead, and elsewhere red places and dull purplish spots.

13. Tissue Changes

Small ulcers on each side of nasal septum.

14. General Systemic Conditions

Chilliness; air seems to chill her, although not very cold; feels chilly; constant feeling of chilliness [2].
Slept poorly; sleep disturbed [2].
Feels very drowsy [3] and stupid [3].
Feels very tired and as though she had been overworked; very weak and easily tired; all work seems troublesome; wants to rest and sleep.
Profuse perspiration on waking, and seemed to feel better in consequence.
Feels on the verge of a nervous illness.

XX. Mr. E. O. B. of Cleveland, O.: medical student; age 33; American parentage; male; married; height 6 ft.; weight 187 lbs.; skin white; eyes blue; hair brown; temperament sanguine; no hereditary predisposition to disease; no previous sicknesses of moment except occasional muscular rheumatism, mostly about shoulders; present state of health good; uses no tobacco or any stimulant except moderate use of tea and coffee, which is continued during proving.

March 3 to 6, 1902. Placebo, with no symptoms of moment.
March 6. 10 d. 2 x. 3 times. No symptoms of consequence.
March 7. 5 d. ϕ 3 times. No symptoms. (See Ex. M. and N.)
March 8. 8 d. ϕ 3 times. No symptoms whatever.
March 10. 15 d. ϕ 3 times. No symptoms.
March 11. 20 d. ϕ morning and noon. No symptoms.
March 12. 25 d. ϕ 3 times. Throat very dry, but not sore; wants to drink water quite often; general headache, which comes and goes; r. eye feels a little swollen; slight twitching of r. eye; very much constipated, no inclination for bowels to move; bad taste in mouth; tongue coated, slightly brown; pulse 96; temp. 98; pulse usually 83; ears appear rather red, but are not hot, are rather cold. (See Ex. Nose and Throat.)
March 13. 25 d. ϕ. Dryness of mouth and throat all day < morning; considerable difficulty in seeing, vision seems somewhat dim; twitching of r. eyeball more marked; a little twitching on l. (See Ex. Circ.)
March 14. 30 d. ϕ 4 times. Sleep a little restless; about 20 m. after taking drug, mouth and throat feel dry; has to swallow frequently to moisten throat; nose is dry and burns; is quite hoarse; dryness of throat causes hawking; eyes blur, cannot read very well; all day inclined to be sleepy; bowels constipated;

pupils dilate soon after taking drug; drug acts for about 4 hrs., then symptoms mostly disappear; drug seems to affect the heart, feels short of breath on ascending the stairs; is quite thirsty and mouth tastes bitter. [Congestion of gum between the 2 lower central incisor teeth. — Ex.] (See Ex. Nose and Throat.)

March 15. 35 d. ϕ morning. Had dreams, which is unusual with him. Half hr. after dose great dryness of mouth and throat, then burning in nose; some headache, which was not localized but general; fulness and congestion of eyes; a feeling of warmth all through chest and a great deal of pain in region of heart, which was sharp and made < motion; bad taste in mouth <; face somewhat flushed, pulse 100, but no rise in temp.

March 16. No drug. Pain in region of heart, sharp < motion, entirely > keeping quiet.

March 17. No drug. No symptoms at all except in region of heart.

March 18. No drug. Pain in region of heart all gone.

1. Mind and Nervous System

No predisposition to, or previous, disease of the mind or nervous system. No vertigo; reflex at knee moderate; station slightly swaying; muscular sense and co-ordination good.

A. [March 7. Patella reflexes certainly more active than at first examination; station not so good, more swaying than at first. — Ex.]

B. General headache, which comes and goes[2].

C. Sleep a little restless.
All day inclined to be sleepy.

D. Had dreams, which is unusual with him.

2. Eyes

A. R. eye feels a little swollen.
Twitching of r. eyeball[2]; slight twitching l.

B. Considerable difficulty in seeing, vision is somewhat dim.

C. Eyes blur, cannot read very well.
Pupils dilate soon after taking drug.

D. Fulness and congestion of eyes.

3. Ears

A. Ears appear rather red, but are not hot, are rather cold.

4. Nose and Throat

No previous disease of nose or throat. Mucous membrane of nose, pharynx and larynx normal in every respect, except slight

congestion of oro-pharynx and faucial pillars; vocal bands normal and no huskiness of voice.

A. Throat very dry, but not sore; wants to drink water quite often.
[March 12. The slight congestion of oro-pharynx and faucial pillars, noted in preliminary examination, is less; mucous membrane of nose intensely red, — much redder than normal; sense of fulness and dryness in pharynx. — Ex.]
B. Dryness of mouth and throat all day, < morning.
C. Mouth and throat feel dry[2] 20 m. after taking drug; has to swallow frequently to moisten throat.
Nose is dry and burns[2].
Is quite hoarse.
Dryness of throat causes hawking.
[March 14. Both vocal cords slightly congested; mucous membrane of nose still abnormally red. — Ex.]

6. Circulatory System

Heart and pulse normal in every particular; pulse rate at preliminary examination 80.

A. Pulse 96 (usually 83); temp. 98.
[March 13. Heart's action slightly disturbed in rhythm; first sound shortened, accentuated and slightly irregular in rhythm and force; second sound slightly irregular in rhythm; pulse rate somewhat increased; strength diminished; tension lowered; rhythm disturbed. — Ex.]
B. Drug seems to affect the heart; feels short of breath on ascending stairs.
Feeling of warmth all through chest and a great deal of pain in region of heart, which was sharp[3], entirely > keeping quiet and < motion[2]. Pulse 100, but no rise in temp.

7. Alimentary System

A. Throat very dry, but not sore; wants to drink water very often.
Very much constipated[2]; no inclination for bowels to move.
Bad taste in mouth[2]; mouth tastes bitter.
Tongue coated slightly brown.
B. Dryness of mouth[2] and throat[2], all day, < morning.
C. Mouth and throat dry; has to swallow frequently to moisten throat.
Is quite thirsty.
[Congestion of gum between the two lower incisor teeth. — Ex.]

10. Blood

SUMMARY OF EXAMINATIONS

Percent. of hemoglobin lessened (90 to 78). Number of red discs per cu. mm. markedly lessened. Ratio of reds to leucocytes nearly doubled. A few normoblasts discovered March 12. Lymphocytes diminished. Neutrophil cells increased. Eosinophil cells practically unchanged. "Mast" cells and pathological forms none.

14. General Systemic Conditions

Sleep restless.
All day inclined to be sleepy.

XXI. Miss M. E. C. of Cleveland, O.: medical student; age 30; American parentage; female; single; height 5 ft. 1 in.; weight 122 lbs.; skin sallow; eyes brown; hair dark; temperament sanguine; no hereditary predisposition to disease; no previous sicknesses of moment; throat sometimes catarrhal; rarely has headache; no insomnia; subject to no other disturbances of health; present state of health good; uses neither tea nor coffee.

January 10 to 19, 1903. Placebo, with no symptoms of any moment.

February 25. Proving resumed a few days ago with (probably) 10 d. ϕ 3 times a day; reports a haziness before the eyes at night; sense of enlargement and fulness in hypogastric region, otherwise no symptoms; ordered 10 d. ϕ 3 times a day.

March 1. Feels tired; requires an extra amount of will power to work; has to force herself to study or think; eyes do not focus clearly; this effect works off 2 or 3 hrs. after taking remedy; mouth is dry; nose feels dry; occasionally a feeling of fulness in the hypogastrium; bowels inclined to be constipated; pulse 92; ordered 20 d. ϕ 3 times a day.

March 5. Has to force herself to think; seems as though the mind wandered; has been somewhat restless for the last 2 nights; cannot bear to have any one talk in a high-pitched voice; can see objects best at some distance from her; some dryness of nose and mouth; round cankers in mouth, which are quite sensitive; last evening had feeling of great load in stomach, which was finally relieved by vomiting; stomach sensitive, cannot bear the clothes tight; yesterday morning had pain in bowels and finally a watery diarrhea with much flatulence; after stool a feeling as though she was not through; if she strained a good deal the rectum would protrude; legs are tired and weak; after sitting awhile the legs twitch; has had a good deal of pain in lower part of back.

1. Mind and Nervous System

A. Feels tired.
Requires an extra amount of will-power to work.
Has to force herself to study or to think [2].
E. Mind seems to wander.
Has been somewhat restless at night.
Cannot bear to have any one talk in a high-pitched voice.
Legs are tired and weak.
After sitting awhile legs twitch.

2. Eyes

A. Haziness before eyes at night.
C. Eyes do not focus clearly (this effect works off 2 or 3 hrs. after taking remedy).
E. Can see objects best at some distance from her.

3. Ears

A. Cannot bear to have any one talk in a high-pitched voice.

4. Nose and Throat

A. Dryness of nose [2] and mouth [2].
E. [No symptoms except dryness of mucous membrane of nose and mouth. — Ex.]

7. Alimentary System

A. Sense of enlargement and fulness in hypogastric region [2].
C. Mouth dry [2].
Bowels inclined to be constipated.
E. Round cankers in mouth, which are quite sensitive.
In evening feeling of great load in stomach, > by vomiting.
Stomach sensitive to pressure, cannot bear the clothing tight.
In a. m. pain in bowels followed by watery diarrheas with much flatulence; after stool, a feeling as though she was not through; if she strained a good deal the rectum would protrude.

11. Bones and Muscular System

A. Feels tired.
E. Legs are tired and weak.
After sitting awhile the legs twitch.
Has had a good deal of pain in lower part of back.

13. Tissue Changes

Round cankers in mouth, which are quite sensitive.

14. General Systemic Conditions

Sleep restless and feels tired.

XXII. Mr. C. E. B. of Cleveland, O.: medical student; age 28; American parentage; male; height 5 ft. 5 in.; weight 137 lbs.; skin fair; eyes blue; hair light; no hereditary predisposition to disease; no previous sickness of moment; subject to no disturbances of health, except some flatulency; present state of health good; smokes moderately and continues to do so during proving. Stimulants, tea or coffee not used.

March 3, 4 and 5, 1902. Placebo with no symptoms.
March 6. 5 d. 2 x. 3 times. No symptoms.
March 7. 10 d. 2 x. 3 times. No symptoms.
March 8. 5 d. ϕ 3 times No symptoms.
March 9. 8 d. ϕ 3 times. No symptoms.
March 10. 12 d. ϕ 3 times. No symptoms.
March 11. 15 d. ϕ 3 times. No symptoms.
March 12. 15 d. ϕ 3 times. Much sore throat; much dryness of throat; inclination to clear throat; slightly hoarse; legs are tired; feels very tired; has dull headache; tongue coated yellow; bad taste in mouth.
March 13. 20 d. ϕ morning and noon. Throat dry in morning, > than yesterday; throat sore; tickling in throat excites cough; cough dry, < night, < warm room; headache all day < afternoon and evening, at first frontal, then on l. side over eye. Temporal arteries beat quite noticeably.
March 14. No drug to-day. Feels tired and sick; headache nearly all day on l. side over eye; tickling in trachea causes cough; cough is mostly dry, but has raised some lightish-colored mucus like chunks of phlegm; is quite hoarse; mouth tastes badly, but>; sleep much broken, lay awake much; dreamed a good deal; easily frightened; looked under bed for some one because he thought the bed moved; noticed noises more than usual; wants to be still; wants to lie down.
March 15. No drug. Cough very bad; raises much phlegm; pain in l. side of head; slept better; no bad taste in mouth to-day.
March 18. Cough continues < morning; raises much phlegm, but with great difficulty; much hawking, otherwise feels well as usual.

1. Mind and Nervous System

No disease of mind or nervous system; disposition even and unimaginative, quiet and cheerful.

A. Dull headache.
B. Dull headache all day, < p. m. and evening, at first frontal, then on l. side over eye [2].
C. Sleep much broken; lay awake much and dreamed a good deal.
Easily frightened, looked under bed for some one because he thought the bed moved.
Noticed noises more than usual.
Wants to be still.
D. Pain in l. side of head.

4. Nose and Throat

No hereditary predisposition to, or previous, disease of nose or throat; mucous membrane of nose not dry, but slightly catarrhal; slight excoriation on both sides of septum; naso-pharynx normal; oro-pharynx slightly congested; larynx and trachea normal: no huskiness of voice; no cough.

A. Much sore throat [2].
Much dryness of throat [2].
Inclination to clear throat.
Slightly hoarse.
B. Tickling in throat excites cough [2].
Cough dry, < nights, < warm room.
C. Quite hoarse.
[Very much less excoriation on both sides of septum than before proving, also less congestion in oro-pharynx. — Ex.]
E. Cough continues, < morning; raises much phlegm, but with difficulty; much hawking.

5. Respiratory System

A. Tickling in throat excites cough.
Cough dry, < nights, < warm room.
B. Tickling in trachea causes cough.
Cough mostly dry, but raises some lightish-colored mucus like chunks of phlegm.
Is quite hoarse.
C. Cough very bad, raises much phlegm.
E. Cough continues, < morning.
Raises much phlegm, but with difficulty.
Much hawking.

6. Circulatory System

A. Temporal arteries beat quite noticeably.

7. Alimentary System

A. Tongue coated yellow.
Bad taste in mouth [2].

10. Blood

SUMMARY OF EXAMINATIONS

Percent. hemoglobin lessened (95 to 87); number of red discs per cu. mm. slightly increased; ratio of reds to leucocytes about doubled; lymphocytes slightly decreased; neutrophil cells increased; eosinophil cells unchanged; "Mast" cells and pathological forms none.
[The individual erythrocytes show loss of hemoglobin. — Ex.]

11. Bones and Muscular System

A. Legs are tired.
Feels very tired.

14. General Systemic Conditions

Feels tired; feels tired and sick.
Sleep much broken; lay awake much.
Wants to be still; wants to lie down.

XXIII. Mr. L. A. N. of Cleveland, O.: medical student: age 24; male; single; height 5 ft. 8 in.; weight 150 lbs.; skin fair; eyes brown; hair black; no hereditary predisposition to disease; no previous sickness of moment except pleurisy with effusion 3 yrs. ago, and acute inflammatory rheumatism 3 yrs. ago; naturally constipated; has small, rough patch on back between scapulæ; subject to no other disturbances of health; present state of health good. Uses no tobacco, beer or other stimulants, but some tea and coffee; these are discontinued during proving.

March 3 to 6, 1902. Placebo, with no symptoms of consequence.
March 6. 5 d. 2 x. 3 times. No symptoms.
March 7. 10 d. 2 x. 3 times. No symptoms.
March 8. 5 d. ϕ 3 times. Dull pain in stomach and bowels ½ hr. after breakfast, lasting till nearly 9 a. m., when he had free movement of bowels; stool yellow, watery and painless; another similar movement soon after dinner; face somewhat flushed; slight eruption on face. (See Ex. Skin.)
March 9. 8 d. ϕ 3 times. No symptoms.

March 10. 8 d. ϕ 3 times. Swelling commenced in r. and l. popliteal spaces, but nearly disappeared by evening.
March 11. 12 d. ϕ 3 times. No symptoms.
March 12. 12 d. ϕ, 15 d. ϕ noon and evening. Throat a little sore and dry; tongue slightly coated at base; slight looseness of bowels continues, preceded by slight pain.
March 13. 20 d. ϕ 3 times. No symptoms.
March 14. 25 d. ϕ 3 times. No symptoms but constipation.
March 15. 30 d. ϕ 3 times. No symptoms.
March 16. 40 d. ϕ morning; 45 d. ϕ noon and evening. Late in evening felt soreness in abdomen, otherwise no symptoms.
March 17. 50 d. ϕ morning; 55 d. ϕ noon; 60 d. ϕ evening; soreness in abdomen continues.
March 18. Drug discontinued. No further symptoms. [Mucous membrane of both nostrils congested; no subjective symptoms. — Ex.]

4. Nose and Throat

No previous disease of nose or throat; mucous membrane of nose very slightly catarrhal; not dry.

A. Throat a little sore and dry.
E. [Mucous membrane of both nostrils congested; no subjective symptoms. — Ex.]

7. Alimentary System

A. Dull pain in stomach and bowels ½ hr. after breakfast, lasting until nearly 9 a.m., when he had free movement of bowels.
Stool yellow, watery and painless; another similar movement soon after dinner.
C. Throat a little sore and dry.
Tongue slightly coated at base.
Slight looseness of bowels continues (after 4 days) preceded by slight pain.
D. Constipation.
E. Soreness in abdomen[2], first appearing late in evening.

10. Blood

Summary of Examinations

Percent. hemoglobin slightly diminished (85 to 80); blood platelets slightly deficient in preliminary analysis and very abundant after medication (March 20), otherwise no change of consequence.

11. Bones and Muscular System

A. Swelling commenced in r. and l. popliteal spaces, but nearly disappeared by evening.

12. Skin

Rather subject to papular eruption, in winter only, appearing on legs and forearms; no previous skin affections except small rough spot between scapulæ; has a few moles on back; skin normal as to dryness and oiliness; skin not rough.

A. Slight eruption on face.

[March 8. A macular and vesicular eruption appeared upon face, the macules bright yellow, size of pea, mostly in r. side, and disappeared after 2 days; 3 macules appeared on back, similar to those on face; the papules came and disappeared soon, a few becoming pustular, were very small, of pin-head size, red only on papule proper, with no aureola around them and as to location were well distributed; upon the back small papules appeared corresponding to those on the face. No subjective symptoms as to itching, stinging, burning, etc., were mentioned. — Ex.]

XXIV. Mr. I. W. K. of Philadelphia: medical student; age 20; American parentage; male; single; height 5 ft. 2 in.; weight 150 lbs.; skin light; eyes gray; hair light; temperament nervo-sanguinous. No predisposition to or previous disease of moment; subject to slight catarrh in winter; some difficulty in falling asleep on retiring and wakes early; seldom dreams; bowels regular, but occasionally "skips" a day; subject to flatulence; subject to dandruff, some scaliness about face; some blepharitis marginalis and slight seborrhea about brows; subject to no other disturbance of health and present state of health good; prover robust-looking, muscular and well built. A teetotaler and uses neither tobacco, tea nor coffee.

May 19, 1902. 10 d. "2 x. dil. of the ϕ" (3 x.) at 12 m., 4 and 8 p. m. No symptoms.

May 20. 10 d. 3 x. at 8 a. m.; 20 d. at 12 m., 4 and 8 p. m. 7 a. m. after breakfast, thin, brown, painless stool, requiring some haste.

May 21. 20 d. 3 x. at 8 a. m., 12 m., 4 and 8 p. m. 8:30 p. m. painless, watery stool with fecal lumps.

May 22. 20 d. 3 x. every 4 hrs. No symptoms.

May 23. 20 d. 3 x. every 4 hrs. 6 to 9:30 p. m. dull, aching pain in r. ankle $<$ motion.

May 24. 20 d. 3 x. 4 times. No symptoms.

May 25. 20 d. 3 x. 4 times. No symptoms worth noting.

May 26. 20 d. 3 x. at 8 a. m; 5 d. ϕ at 11 a. m., 2, 5 and 8 p. m. 1 p. m. a colicky pain distributed all over abdomen, relieved temporarily by pressure of tightened belt, but increasing in severity though pressure was maintained, lasting 4 hrs., without flatulence, diarrhea or other symptoms.

May 27. 5 d. ϕ every 3 hrs. for 5 doses. 8 a. m. overpowered by sleep and went to bed for nap of 2 or 3 hrs.; feeling well during remainder of day.

May 28. 5 d. ϕ at 8 a. m; 15 d. ϕ at 12 m., 4 and 6 p. m. 5:30 p. m. dull pain < over r. eye, at point just over r. eyebrow, but involving whole temporo-parietal region on r. side, < on first lying down until getting quiet; transient, cutting pain through epigastrium between sternum and umbilicus, without tenderness; inclined to confused dreams in early a. m.

May 29. 15 d. ϕ at 8 a. m.; 15 d. ϕ at 12 m., 4 and 6 p. m. No symptoms. [Catarrhal discharge over pharynx seemed very sticky and stringy. — Ex.]

May 30. 25 d. ϕ at 8 a. m., 12 m.; 30 d. ϕ at 4 and 8 p. m. Face looks suffused and pinkish; pupils enlarged; 2 p. m. throat dry, scratchy and parched as after running, without thirst, lasting 1 hr., returning for 15 min. about 4:30.

May 31. 35 d. ϕ at 10 a. m., 2, 6 and 10:30 p. m. Shortly after noon, while paring his nails, vision became hazy and could not see where he was cutting, yet when looking across room objects were distinct; by looking at far object and then back to near one can see distinctly for a time; 3 p. m. for 20 m. sharp, localized, oppressive pain in l. temple; boring, as if pressed in with the knuckles; throat parched most of afternoon; lips dry and have to be continually moistened; 10 p. m. on closing one eye, near objects look smaller by one-half and sharper in outline than when both eyes are used, but distant objects look normal in size and are seen more distinctly.

June 1. 35 d. ϕ at 9 a. m. and 1, 5 and 10 p. m. No symptoms.

June 2. 25 d. ϕ at 9:30 a. m.; 40 d. ϕ at 12 m. and 4 p. m. 1 p. m. mouth feels furred with frothy saliva; 2:30 p. m. momentary vertigo when rising from sitting posture; tired feeling in eyes and some heaviness in eyeballs; otherwise feels well. [Tendency to sway forward; slight static ataxia not before present; patella tender, reflexes reduced. — Ex.] (See Ex. Eye.)

June 3. 40 d. ϕ at 8 a. m., 12 m., 4 and 8 p. m. Near vision restored; says he feels as well as he ever did.

June 4. 40 d. at 8 a. m.; 45 d. at 12 m. and 8 p. m. Forenoon, eye symptoms almost gone; 10 a. m. for 15 m. repetition of pressive headache in l. temporo-frontal region; 2:30 p. m. much white, frothy saliva in mouth; 3:15 p. m. mouth feels parched and looks dry; empty swallowing attended by painful contraction of pharynx; frequent disposition to swallow, but pain makes him desist. 4 p. m. eye symptoms have returned in as marked degree as before. [Still a little static ataxia. — Ex.]

June 5. 45 d. ϕ at 8 a. m; 50 d. ϕ at 12:30 and 10:30 p. m. 2 thin, painless, fecal stools, preceded by unusual urging; dull head-

ache in r. frontal eminence while walking, > resting; 1 p. m. near vision blurred and objects smaller when seen with one eye; eye symptoms < toward evening, with tired aching in eyeballs; 3:45 p. m. boring pain, as before, in l. temporo-frontal region.

June 6. 50 d. ϕ at 8 a. m.; 60 d. ϕ at 2:45 and 9:30 p. m. 8 a. m. two loose stools within 5 m., loose, fecal, yellowish-brown, without pain or straining; afternoon, headache as yesterday, dull pain in l. temple "as if it had been knocked." [Tendency to numbness in distribution of both median nerves. Patella tendon reflex reduced. Static ataxia less marked. — Ex.] [Diplopia on looking upward. — Ex. (M. and N.)] (See Ex. Eyes.)

June 7. 60 d. ϕ a. m. and stopped drug. 8 a. m. loose, fecal, yellowish-brown stool, without straining or pain, similar to those of yesterday morning.

June 8. After breakfast vertigo gradually developed, < on sitting up or any sudden motion, > lying quietly; feels "light in the head"; aversion to any kind of exertion; desire to lie quietly; feels feverish with tendency to perspire with temp. in morning 97.6 and 97.8 at 5:30 p. m.

June 9. Shortly after rising vertigo returned with every motion; quick movements caused staggering: head feels light "as if there was nothing in it", < motion; very slight nausea; no appetite, forced himself to eat; still feels feverish with tendency to perspire, temp. 97.8. During past week pulse has been faster than normal and natural, ranging about 80 or 84, to-day pulse (lying) 59, (rising up) 96; knees feel weak, can hardly get around; seems depressed and discouraged; 1:45 p. m. vertigo improving; headache r. temporo-parietal region "as if pressed with something hard"; dull headache all over vertex; 10 p. m. vertigo about gone, leaving slight, dull headache < sudden motion. (See Ex. Circ.)

June 10. Vertigo gone except when turning suddenly. (See Ex. M. and N.)

1. Mind and Nervous System

Mental faculties well poised and present condition as regards nervous system very good; some difficulty on falling asleep on retiring and wakes early; seldom dreams; all reflexes normal; station normal; muscular sense and co-ordination normal.

A. 8 a. m. overpowered by sleep and went to bed for a nap of 2 or 3 hrs.

5:30 p. m. dull pain over r. eye at point just above r. eyebrow, but involving whole temporo-parietal region on r. side, < on first lying down until getting quiet.

Inclined to confused dreams in early a. m.

B. Sharp, localized, oppressive pain in l. temporo-frontal region [4], with boring as if pressed in with the knuckles [4], < p. m.[3]

C. Momentary vertigo when rising from sitting posture.

[Tendency to sway forward; slight static ataxia not before present [2]; patella reflex reduced. — Ex.]

D. Dull headache in r. frontal eminence while walking, > resting. Dull pain in l. temple "as if it had been knocked."
[Tendency to numbness in distribution of both median nerves; patella tendon reflex reduced; static ataxia less marked. — Ex.]

E. After breakfast vertigo gradually developed [3], < sitting up or any sudden motion [3], > lying quietly.
Feels light in the head [2], "as if there was nothing in it."
Aversion to any kind of exertion.
Desire to lie quietly.
Quick movements cause staggering.
Knees feel weak, can hardly get around.
Seems depressed and discouraged.
Headache r. temporo-parietal region "as if pressed with something hard."
Dull headache all over vertex, < sudden motion.
[On final exam. some tenderness of the median nerve, with sense of tingling over its distribution, which prover says does not come from any extra exertion and cannot be accounted for; station final exam. quite normal; muscular sense and co-ordination unchanged. — Ex.]
No change in prover's mental condition while taking the drug.
The peculiar, boring headache in l. temporo-frontal region, as if pressed in with the knuckles, occurring for the first time May 31 at 3 p. m., second time June 4 at 10 a. m., and third time 3:45 p. m. June 5 (and the fourth time the following p. m.) may in this prover have decided significance, as it was characteristic, never having at any time previously existed, and always occurring in the same portion of the head and same character of pain; the slight reduction in patella tendon reflex, developing June 2, I consider without significance. — Ex.]

2. Eyes

No predisposition to eye disease and no previous disease except a mild blepharitis. Vision without glasses, r. 20/15, l. 20/15; fundus normal; refraction r. + .25 c. 90°, l. + .50 c. 180°, securing vision r. 20/15, l. 20/15; glasses are worn and correct defects; muscle balance, distance orthoph., near, 1°, exoph.; convergence, adduction 20°, abduction 6°; no headache or reflexes referable to eye strain.

A. Dull pain at point just above r. eyebrow.
B. Pupils dilated [2].
Shortly after noon, while paring his nails, vision became hazy and could not see where he was cutting, yet when looking across room objects were distinct; by looking at far objects

and then back to near ones could see distinctly for a time. On closing one eye near objects looked smaller[2] by ½ and sharper in outline then when both eyes are used, but distant objects look normal in size and are seen more distinctly.

C. Tired feeling in eyes.
Heaviness in eyeballs.
[June 2. Pupillary action to light sluggish, to accommodation normal; pupils somewhat dilated; under forced, close accommodation, slight tendency to diplopia; action of muscles of face normal. — Ex. (M. and N.)]

E. Eye symptoms < toward evening, with tired aching in eyeballs.
Near vision blurred.
[Diplopia on looking upward. — Ex. (M. and N.)]
[June 6. The diplopia on close vision, not discoverable on first exam., developing as proving went on, may signifiy weakened function; the blurring of the vision, occurring suddenly on May 31st, and gradually clearing under continued action of the drug, appearing, especially, under near vision, is significant of functional neurosis, when occurring without ocular changes; the reduction of objects to ½ their size, appearing on May 31st, is certainly the development of a functional neurosis (ocular in origin) under the action of the drug; the sluggishness of pupillary reaction is of doubtful value. — Ex. (M. and N.)]

4. Nose and Throat

No predisposition to disease of nose or throat; no previous disease, except some catarrhal trouble in winter. Mucous membrane of nose not dry, but slightly catarrhal; pharynx slightly catarrhal.

A. [Catarrhal discharge over pharynx seemed very sticky and stringy. — Ex.]

B. Throat dry, scratchy and parched[2], as after running, without thirst.

E. Mouth feels parched and looks dry.
Empty swallowing attended by painful contraction of pharynx.
Frequent disposition to swallow, but pain makes him desist.

6. Circulatory System

No hereditary predisposition to, or previous, disease of the heart or circulatory system; heart's action normal; first sound, length normal, character murmurish, rhythm and strength good; second sound, strength increased, regularity good and no reduplication, no organic murmurs; pulse normal in every respect.

A. Face looks suffused and pinkish.
E. During past week pulse has been faster than normal and natural, ranging about 80 or 84; to-day (June 9), lying 59, rising up 96.
Summary of Routine Examinations: [Heart's action, force lessened, regularity unchanged, frequency increased, from 72 to 100 in sitting posture; first sound, length of boom became less than normal, character not strong, murmur less evident, regularity unchanged; second sound, strength increased, regularity unchanged; no reduplication. Pulse rate increased, strength lessened, tension lessened and some irregularity. — Ex.]

7. Alimentary System

Bowels regular, but occasionally "skips a day"; subject to flatulence.

A. 7 a. m. after breakfast, thin, brown, painless stool requiring some haste.
8:30 a. m. painless, watery stool, with fecal lumps.
B. 1 p. m. colicky pain distributed all over abdomen > temporarily by tightened belt, but increasing in severity although pressure was maintained, lasting 4 hrs., without flatulence, diarrhea or other symptoms.
C. Transient, cutting pain through epigastrium, between sternum and umbilicus, without tenderness.
Throat dry, scratchy and parched[2], as after running, without thirst.
Lips dry and have to be continually moistened.
D. Mouth feels furred, with white, frothy saliva[2].
Mouth feels parched and looks dry.
Empty swallowing attended with painful contraction of pharynx.
Frequent disposition to swallow, but pain makes him desist.
E. 2 thin, painless, fecal stools, preceded by unusual urging.
8 a. m. 2 stools within 5 m., loose, fecal, yellowish-brown, without pain or straining[2].
Very slight nausea.
No nausea; forced himself to eat.

11. Bones and Muscular System

A. Dull, aching pain in r. ankle, < motion.
E. Knees feel weak, can hardly get around.

14. General Systemic Conditions

8 a. m. overpowered by sleep, and went to bed for a nap for 2 or 3 hrs.

Felt feverish, with tendency to perspire, with temp. in a. m. 97.6 and at 5:30 p. m. 97.8; with same condition on following day with temp. 97.8.

XXV. Mr. W. I. T. of Philadelphia: student; age 21; American parentage; male; single; height 6 ft. 1 in.; weight 147 lbs.; skin medium; eyes gray; hair brown; nervous sanguine temperament; no hereditary predisposition to disease; no previous sicknesses of moment; subject to slight nasal catarrh in winter; no insomnia, but liable to dream about work of the day; dandruff upon scalp; otherwise not subject to any disturbances of health and present health good; uses no tobacco; teetotaler; no tea or coffee.

May 20 to 26, 1902. Placebo, with few symptoms and these noted.
May 26. 5 d. ϕ every 3 hrs. No symptoms worthy of mention.
May 27. 10 d. ϕ every 3 hrs. No symptoms at all.
May 28. 10 d. ϕ at 6 a. m., 9 a. m.; 15 d. ϕ at 12 m., 3 and 6 p. m. 4 p. m. dull, pressing pain in epigastrium followed in 10 m. by soft, painless, cadaverous-smelling stool; pain lasting about 1 hr. afterwards; 7 p. m. watery, painless, non-offensive stool. [Congestion of the arytenoids. — Ex.] [General improvement in the nervous energy. — Ex.]
May 29. 25 d. ϕ every 3 hrs. Mucous membranes of nose and mouth feel dry and parched; later, nose bleed without any irritation.
May 30. 25 d. ϕ every 3 hrs. 5:30 a. m. soft, brown stool; far sight normal, but near vision blurred, has to hold book at arm's length, letters look double; on trying to write the lines multiplied into many; covering either eye improves near vision; near vision better for an instant on first looking, but immediately lost vision and became blurred; pupils very large; frequent sneezing 4 or 5 times in succession; nose stuffy, but no other symptoms of cold; mouth and throat very dry; no appetite for supper. [Congestion of the arytenoids has disappeared. — Ex.]
May 31. 25 d. ϕ at 6 and 9 a. m. 5:30 a. m. normal stool; 7 a. m. painless, loose stool with color and consistency of cream; sneezing and stuffiness of nose continues without other symptoms of cold; mouth and throat still very dry; tongue sticks to roof of mouth at night; no desire for water; expectoration of white frothy mucus, streaked with blood (a new symptom, which he has not had before); sleep extremely restless and dreams vivid.
June 1. 4 doses, 25 d. ϕ each. Vision still blurred with both eyes; "cannot read more than one or two words with both eyes," < p. m.; on closing either eye vision good with other alone, though print looks smaller; whole page equally affected by the blur; no change in color of page.
June 2. 25 d. ϕ at 6 and 10 a. m.; 30 d. ϕ at 2 and 6 p. m. Urine deposits a brick dust sediment on standing; cloudiness of vision

clearing, but eyes soon tire. [Slight weakness of internal rectus of r. eye; pupils more than usually dilated, but respond normally to light and accommodation; very slight static ataxia not before noticed; all other reflexes as when previously examined. — Ex. (M. and N.)]

June 3. 30 d. ϕ at 6, 10 a. m., and 2 p. m. Eyes tire if reading long; felt well all day; no new symptoms. (See Ex. Eyes.)

June 4. 30 d. ϕ at 6 and 10 a. m.; 40 d. ϕ at 2 and 6 p. m. Felt well; no symptoms.

June 5. 40 d. ϕ at 6 and 10 a. m.; 50 d. ϕ at 2 and 6 p. m. Felt well all day; no new symptoms. [Static ataxia still present, but >; all other reflexes and reactions normal. — Ex. (M. and N.)]

June 6. 50 d. ϕ at 6 and 10 a. m.; 20 d. 1st dec. dil. 2 and 6 p. m. Felt well; no new symptoms. [Sleep restless; dreams as usual; less static ataxia; action of eye muscles normal. — Ex. (M. and N.)]

June 7. 20 d. same dilution at 6 a. m. and 10 a. m.; 60 d. ϕ at 11:30 a. m. (measure nearly a drachm by bulk). Felt well all day; no new symptoms. (See Ex. Eyes.)

June 12. No symptoms developed since drug was stopped.

1. Mind and Nervous System

No hereditary predisposition to mental disease or nervous disturbance; no previous disease involving the nervous system. Present condition very good; sleeps well, but dreams of work; reflexes normal; station normal; muscular sense and co-ordination normal; muscle force equal. Mind normally a little sluggish.

A. [May 28. Only change reported on examination of nervous system is a general improvement in the energy. — Ex.]

B. (5th day of medication.) Sleep extremely restless and dreams vivid.

[June 2. Very slight, static ataxia, not before noticed; all other reflexes as when previously examined. — Ex.]

D. [June 4. Static ataxia still present, but less; all other reflexes normal. — Ex.]

[June 6. Sleep restless, dreams as usual, less static ataxia. — Ex.]

2. Eyes

No predisposition to, or previous, eye disease; vision without glasses, r. 20/15, l. 20/15; near point for diamond type, 4 in. r. and l.; amplitude for same, 10 D. r. and l.; refraction E. or slight hyperopia; glasses not worn; muscle balance, distance, r. 1° hyperph. l. 1° esoph., near, 3° exoph.; power of convergence, adduction 15°, abduction 6°; eyes normal in all other respects.

A. Far sight normal, but near vision blurred, has to hold book at arm's length.
Letters look double.
On trying to write, the lines multiplied into many.
Covering either eye improves near vision.
Near vision better for an instant on first looking, but immediately lost and became blurred.
Pupils very large.
"Cannot read more than one or two words with both eyes," < p. m. (from blurring).
On closing either eye vision good with other alone, though print looks smaller; whole page equally affected by the blur; no change in color of page.

B. [Slight weakness of internal rectus of r. eye; pupils more than usually dilated, but respond normally to light and accommodation. — Ex. (M. and N.)]
Eyes tire if reading long.
[June 3. Muscle balance, distance, r. ½° hyperph. l. 1° esoph. — near, 3° exoph.; power of convergence as before; hyperph. unchanged in 4 exams. since prelim. — Ex.]

D. [June 7. Could find no hyperph.; otherwise the same. — Ex.]

E. [June 9. Examined especially for hyperph. but found none; otherwise no change from original record. — Ex.]

4. Nose and Throat

Mucous membrane of nose slightly catarrhal and somewhat dry; patient breathes through nose at all times; condition of oro-pharynx good; condition of aryteno-epiglottic folds normal.

A. [Congestion of the arytenoids. — Ex.]

B. Mucous membrane of nose and mouth feels dry and parched.
Nosebleed, without any irritation.

C. Frequent sneezing 4 or 5 times in succession [2].
Nose stuffy [2], but no other symptoms of cold.
Mouth and throat very dry [2].
[Congestion of arytenoids has disappeared (on 3rd day). — Ex.]

D. Expectoration of white, frothy mucus, streaked with blood, a new symptom which he has not had before.

7. Alimentary System

A. Dull, pressing pain in epigastrium, followed in 10 min. by soft, painless, cadaverous-smelling stool, with pain lasting about 1 hr. afterwards.

7 p. m. watery, painless, non-offensive stool.
5:30 a. m. soft, brown stool.
Mouth[2] and throat[2] very dry.
No appetite for supper.

E. 7 a. m. painless, loose stool, color and consistency of cream.
Tongue sticks to roof of mouth at night.
No desire for water.

9. Urine

June 2. Urine deposits a brick-dust sediment on standing.

10. Blood

SUMMARY OF EXAMINATIONS

Percent. of hemoglobin slightly diminished; number of red discs per cu. mm. increased largely; number of leucocytes per cu. mm. markedly diminished; lymphocytes, small, greatly increased; large, somewhat increased; transitional, increased; neutrophil cells markedly diminished; eosinophil cells increased.

14. General Systemic Conditions

Sleep extremely restless.

XXVI. Dr. H. R. of Baltimore: physician; age 29; American parentage; married; height 5 ft. 6 in.; skin pale; brown eyes; brown hair; nervo-bilious temperament; fairly strong constitution; hereditary predisposition to weakness of stomach and bowels; has had pericarditis within 2 yrs., with good recovery; occasional attacks of gastro-intestinal indigestion; subject to slight, muscular rheumatism; slight post-nasal catarrh; sometimes headache and slight palpitation of heart from indigestion; present state of health moderately good: occasionally smokes, and drinks tea or coffee; the use of these is discontinued during the proving; uses no alcoholic stimulants.

This proving was divided into 3 stages.

1st. From March 29 to April 14 (10 days). — Preliminary Health Record.
2d. From April 14 to April 23 (9 days). — Placebo test.
3rd. From April 23 to May 5 (12 days). — Drug test.

During the first period a very complete record was kept of all symptoms which were observed. During the second period the prover believed he was taking the drug, but instead was taking a solution composed of caramel, chlorophyll and water, tinted to resemble the tincture which was subsequently to be used. During this period, also, a very full record was kept of all symptoms which presented. During the third period, while the drug was being actually taken, all symptoms which resembled those previously noted by the prover, during the first two stages of his proving, are eliminated from this record, lessening very materially the number of symptoms noted in the record of the prover.

May 1. [Up to this point in the proving, doses of the tincture have been taken, beginning with 3 d. 3 times a day the first day; 4 d. 3 times the second day; 5 d. the 3rd and 4th days; 7 d. the 5th, 10 d. the 6th, 15 d. the 7th; last evening the dose was 20 d. ϕ; to-day 3 doses of 20 d. each of ϕ were taken. All the symptoms recorded up to this time were either similar to those which were noted before the real drug was administered, or seem directly referable to the constitutional tendencies recorded above. — Ex.] This morning there appeared a marked dryness of mouth and throat, making it difficult to swallow. (See Ex. Nose and Throat.)

May 2. 2 doses of 20 d. ϕ and one of 25 d. ϕ. Mouth dry but without especial thirst.

May 3. 2 doses, one of 25 d. and one of 30 d. ϕ. Mouth very dry, found difficulty in thoroughly moistening food after prolonged mastication. (See Ex. Nose and Throat.)

May 4. 2 doses of 30 d. ϕ. Dryness in throat; dimness of vision; pupils widely dilated, without reaction; lack of accomodative power; congestion of both eyes and aching of eyeballs. (See Ex. Eyes.)

May 5. 30 d. ϕ at 9 a. m., and drug discontinued. Upon rising both eyes congested, l. especially; this passed off in an hr. or so; pupils still dilated but less than yesterday; dryness of mouth began 2 hrs. after dose, with bad taste; eyes sensitive to light and when used; red spot on l. eyeball near outer canthus; blurring of type upon attempting to read; respiration increased; frequency and force of pulse increased. (See Exams. Eyes, Resp. and Circ. Sys. and Skin.)

May 6. White of eyes congested in morning, especially l.; mouth less dry than yesterday.

May 8. (See Ex. Nose and Throat.)

May 10. On 6th, 7th and 8th a pimple with much circumscribed tenderness developed upon r. frontal eminence; eyes continued sensitive and to-day fugitive pains in l. eyeball are noted. (See Ex. Eyes.)

2. Eyes

Hereditary predisposition to near-sightedness; conjunctivitis from measles, after which eyes remained somewhat weak; wears glasses, but cannot use eyes long without suffering; margin of lids slightly congested; ocular conjunctiva normal; palpebral slightly congested; pupils react normally to light and accommodation; tension slightly above normal; fundus normal; muscle balance, distance, esoph. 4°, near, exoph. 4°.

A. Dimness of vision.
Pupils widely dilated [2] without reaction.
Lack of accommodative power.
Congestion of both eyes and aching of eyeballs.
[May 4. (12th day of drug.) To-day 2 doses 30 d. ϕ each; margins of lids red, dry and itching; action of lids normal; palpebral conjunctiva congested; pupils, size, r. and l., $\frac{3}{4}$ cm.; shape round; action to light none, to accommodation, very feeble; tension + 1; muscle balance, distance normal, near, exoph. 6°. — Ex.]
Upon rising, both eyes congested, especially l.; this passed off in an hr.
Eyes sensitive to light and when used.
Red spot on eyeball near outer canthus.
Blurring of type on attempting to read.
[May 5. 30 d. ϕ at 9 a. m., and drug discontinued. Lachrymal secretion increased by light and use; pustule on external canthus of l. eye; pupils, size, r. and l., $\frac{1}{2}$ cm.; shape round; action to light, partial; to accommodation, feeble; tension + $\frac{1}{2}$; muscle balance, distance, normal; near, exoph. 4°. — Ex.]
White of eye congested in morning, especially l.
Pains come and leave suddenly in l. eye.
[May 6. Pupillary action to light restored, to accommodation feeble; tension normal; muscle balance, distance, esoph. 1°, near, exoph. 4°. — Ex.]
B. [May 7. Muscle balance, distance, esoph. 1°, near, exoph. 4°. — Ex.]
[May 8. Muscle balance, distance, esoph. 3°, near, exoph. 4°. — Ex.]
C. Eyes continue sensitive.
Fugitive pains in l. eyeball.
E. [May 17. Final examination. 12 days after discontinuance of drug.
Lids, margins reddened, action sluggish; lachrymal secretion as before proving; palpebral conjunctiva less congested than during proving; pupils, size, r. and l. 2/5 cm.; shape round; action to light and to accommodation, normal; tension nor-

mal; vision without glasses, r. 6/18, l. 6/9 (before proving, r. 20/100, l. 20/100) near point for diamond type, No. 1. r. 10 cm., l. 15 cm. (before proving r. 6 cm., l. 6 cm.); amplitude for same, r. 40 cm., l. 50 cm. (before proving, r. 44 cm., l. 42 cm.); fundus normal; refraction R. sp. — 0.50 cy. — 0.50 X hor. V. = 6/6, L. sp. — 0.25 cy. — 0.50 X hor. V = 6/6; muscle balance, distance, esoph. 2°; near, exoph. 4°; color tests normal as before proving. — Ex.]

SUMMARY OF DRUG EFFECTS

[Margins of lids, congestion increased, dryness and itching; palpebral conjunctiva, congestion increased; stasis of conjunctival circulation; lachrymal secretion increased; pupils dilated; action to light entirely lost at height of proving and action to accommodation very feeble; tension increased; muscle balance, distance, esoph. 4°, reduced to normal at height of proving; near, exoph. 4°, increased to 6° at height of proving, for one day only; otherwise unaffected. — Ex.]

4. Nose and Throat

A slight, chronic, follicular pharyngitis, but otherwise an exceptionally normal condition of all parts, surfaces and secretions.

A. (9th day of drug.) Marked dryness of mouth [3] and throat [2], making it difficult to swallow.

[May 1. Much dryness of mouth and throat; mucus in postnasal space extending to pharynx giving desire to swallow. — Ex.]

B. Mouth dry, but without especial thirst.

[May 3. Arches of palate reddened; mucus posteriorly, which it is difficult to dislodge. — Ex.]

[May 8. Mucus disappeared from pharynx; general appearance of fauces and arch of pharynx much improved, with little inflammation; mucous membranes less dry. — Ex.]

5. Respiratory System

A. Respiration increased.

[May 5. Prover complained of no symptoms of lungs; to me there seemed to be a little roughness over apex of l. lung and a few râles through both lungs (prelim. exam. normal in these respects). — Ex.]

6. Circulatory System

Has had pericarditis within 2 yrs., with good recovery; sometimes slight palpitation of heart from indigestion.

A. [May 5. Frequency and force of pulse increased; prover complained of no symptoms of heart. — Ex.]

7. Alimentary System

A. (9th day of drug.) Marked dryness of mouth [3] and throat [2], making it difficult to swallow.
B. Mouth dry, but without especial thirst.
Mouth so dry found difficulty in thoroughly moistening food after prolonged mastication.
E. Dryness of mouth began 2 hrs. after dose, with bad taste.

8. Genito-Urinary System

Summary: [The prover came every week and at the end of the time, as well as during the weekly examinations, the condition of the genito-urinary organs never deviated from the normal. I also examined the rectum each time; at the third examination there was considerable congestion about the rectum, especially the lower inch, but there were no other symptoms, and at the fourth examination I found the congestion mostly gone and entirely so at last examination. A slight varicocele noticed in the first examination remained unchanged all the way through. — Ex.]

12. Skin

Subject to papular rash, acne over shoulders, papules over body and general ichthyosis, the scales particularly marked on legs; present condition ichthyosis and keratosis pilaris; skin very dry and rough, with tendency to yellowish discoloration; dandruff, with oily scalp.

A. [May 5. (12th day of drug.) Complains of burning and itching on chest and back for last 2 days; on l. side of chest, from middle of sternum to middle third of clavicle (4 × 8 in.), a patch of hyperemic skin, dry, rough and scaly, which might possibly be due to previous conditions; similar patch on back between scapulæ; general < of pre-existing skin conditions; acnea pap. more pronounced, also scaling of ichthyotic skin, etc.; scalp apparently unaffected; papules and scattered pustules on arms; small, scattered, hyperemic patches on forearm; scratching over body, legs and arms, with pen-handle, where the skin looks normal, leaves an intensely red line, with no elevation, but a sense of warmth; itching is intense, which light friction <, but hard friction > if severe enough to lacerate hyperdermis. To sum up, a general aggravation of pre-existing skin lesions, with a

general hyperemia more aggravated where there is most pressure. — Ex.]

E. A pimple, with much circumscribed tenderness, developed on r. frontal eminence.

13. Tissue Changes

Pustules on external canthus of l. eye.

A pimple with much circumscribed tenderness, developed on r. frontal eminence.

XXVII. Mr. H. D. H. of Iowa City, Ia.: medical student; age 26; American parentage; single; weight 147 lbs.; skin fair, eyes gray; hair red; temperament sanguine; constitution good; predisposition to nervous troubles, bronchitis and catarrhal affections of the throat; has had scarlet fever, mumps, chicken-pox, ophthalmia and acute tonsilitis; is subject to slight nasal catarrh; has slight itching on chest when heated; is a poor sleeper; otherwise, present state of health good; uses neither tobacco, alcoholic stimulants, tea nor coffee.

April 8 to 11, 1902. Placebo 3 times a day; no symptoms recorded.

April 14 to 19. 3 x. 4 times daily.

April 16. No symptoms developed until to-day, a loose stool with some flatus, the daily stool previously having been normal; some pain in r. leg and r. arm; frontal headache began in a. m. < after dinner; 10 a. m. pain in r. hip when walking; all reflexes, excepting l. wrist increased; ringing in l. ear for a short time; conjunctivitis; itching in inner canthus of r. eye.

April 17. Stool pasty; some flatus, with burning in rectum at stool; burning and sensation of heat in eyelids; occasional dimness of vision > by wiping eyes; headache came on middle of a. m. < over r. eye.

April 18. Stool normal in color but some burning in rectum and tenesmus; headache on waking; < on vertex, dull and quite general; marked hyperemia of fundus of r. disc; at noon headache still, < on r. side and in forehead.

April 19 to 22. No medicine; no symptoms, except one day urine slightly clouded.

April 22. 5 d. ϕ every hr. from 7 a. m. to 6 p. m. (60 d. in all). Morning urine normal; stool slightly pasty; pulse 72 and strong; 10 a. m. pulse 62, sitting; pupils dilated; dull headache; after walking a few steps, pulse 68 and irregular; a few minutes later, while standing, pulse 95, weak; some sharp pains in lower limbs; 11 a. m. pulse, reclining, 64; headache, dull and hard to describe; tingling in r. arm and fingers as if asleep; eyelids burn; r. eyelid droops; slight nausea; 11:30 a. m. pulse 80, weak and intermitted 4 times in a min.; mouth and throat very dry; hoarseness marked; difficulty in swallowing solids, had to wash them down; throat

felt constricted; 2 p. m. pulse 81, sitting, one beat lost; 3 p. m. pulse 72, sitting; nose very dry; temperature 98; eyes feel as if they had sand in them; tongue coated heavily; 4 p. m. pain in abdomen; a general feeling of lassitude; slight, sharp pain in different parts; slept a little; throat symptoms > by sleep; 6 p. m. went to sleep easily, more so than usual; burning in passing urine; pulse, reclining, 52; burning of eyelids; throat continues to feel dry, yet it is moist and covered with very sticky, tenacious mucus; passed 4 oz. urine, with burning; pain in l. iliac region; rheumatic pain in middle and ring fingers of l. hand.

April 23. 10 d. ϕ at 7, 8, 9, and 10 a. m., and drug discontinued. Sleep was full of dreams; 2 emissions during night; morning urine dark amber color and clear; soft stool and yellowish with burning in rectum during stool; pulse, in bed, 67; head felt quite well, but began to ache on trying to study; sensation of band around head; nose dry; a little thick discharge from nose, streaked with blood; lips dry and stick to teeth; eyes burn. 10 a. m. heartburn; mouth very dry; throat dry yet some sticky, tenacious mucus; 11 a. m. congestion of fundus of eyes; yellowish discharge from posterior nares; mucous membrane of nose and throat very dry; sensation of pressure in head from within outwards; feels light-headed; 12 m. urine clouded; lips stick to gums, difficult to separate them; hands feel dry and stiff; bruised feeling in ankles when walking; no thirst except to moisten lips; 1 p. m. throbbing in occiput while lying down; dull headache in frontal region; still light-headed; reflexes much accentuated; 2 p. m. pulse, sitting, 76; colic with nausea; 3 p. m. pain in r. leg; pain in ankles when walking; a metallic, bitter taste in mouth; 4 p. m. temp. 99.7; pulse 84; resp. 16; sense of oppression in chest; face besotted; 6:30 p. m. stomach still feels badly; some tenderness of external auditory meatus; 9 p. m. dryness gone from throat; 10 p. m. pain in abdomen and lower bowels; passage of flatus; nose still dry; hands feel moist again after dryness; a bright red eruption on thighs and lower part of abdomen, inclined to be pustular.

April 24. Urine normal in color and otherwise, but some burning; erections during the night but no emission; stool at 7 a. m. expelled with explosive violence, soft, yellowish and of offensive odor; some grumbling in bowels; pupils still dilated; much bland, postnasal discharge, yellowish and white; light-headed after walking; skin somewhat moist; pains in different parts, coming and going suddenly; pain and rumbling in abdomen; feeling of incarcerated flatus; still very nervous; trembling of hands; aching of ring finger of r. hand; pain in r. wrist.

April 25. Slept well; stool yellow and pasty, with flatus; postnasal secretions less; felt well in a. m.; 1 p. m. pulse 90; hot feeling all over; hard to collect thoughts.

April 26. No symptoms; lost 2 lbs. in weight during the proving.

1. Mind and Nervous System

A. Frontal headache [2]; headache over r. eye.
All reflexes, except in l. wrist, increased [2].
B. Dull, general headache on waking, < r. side and on vertex.
C. Sharp pains in lower limbs.
Dull headache, hard to describe.
Tingling in r. arm and fingers as though asleep.
Slight sharp pains in different portions of the body.
General feeling of lassitude.
Went to sleep in p. m. more easily than usual.
D. Sleep full of dreams.
Head began to ache on trying to study.
Sensation of band around head.
Sensation of pressure in head from within outwards.
Feels light-headed [2], < after walking.
Throbbing in occiput while lying down.
E. Feels very nervous.
Trembling of hands.
Pains in different parts of body, coming and going suddenly.
Hard to collect thoughts.

2. Eyes

A. Conjunctivitis.
Itching in inner canthus of r. eye.
Burning and sensation of heat in eyelids [2].
Occasional dimness of vision, > by wiping eyes.
B. Marked hyperemia of r. fundus and disc.
D. Pupils dilated [2].
R. eyelid droops.
Eyes feel as if they had sand in them.
Venous congestion in fundus of eyes.

3. Ears

A. Ringing in l. ear for a short time.
E. Some tenderness of external auditory meatus.

4. Nose and Throat

A. Mouth, nose [2] and throat very dry.
Hoarseness marked.
Throat symptoms > by sleep.
Throat continues to feel dry yet it is moist and covered with sticky, tenacious mucus [2].
C. A little thick discharge from nose streaked with blood.
Yellowish discharge from posterior nares.
E. Much bland, postnasal discharge, yellowish and white.

5. Respiratory System

A. Hoarseness marked.
E. Sense of oppression in chest. (Temperature 99.7; pulse 84; respiration 16.)

6. Circulatory System

A. Pulse became slower and irregular.
Pulse unduly quickened and weakened by exercise.
Pulse increased in rapidity, but weakened and intermitted four times a minute.
C. Pulse increased, with rise in temperature.
E. Pulse still higher, with hot feeling all over.

7. Alimentary System

A. Loose stool, with some flatus.
Stool pasty, with some flatus and burning at rectum at stool.
B. Stool normal in color, but some burning in rectum and tenesmus.
D. Slight nausea.
Mouth[2] and throat very dry.
Difficulty in swallowing solids, had to wash them down.
Throat felt constricted.
Tongue coated heavily.
Pain in abdomen.
Throat feels dry yet it is moist and covered with sticky and very tenacious mucus[2].
Stool soft and yellowish, but with burning in rectum during stool.
Lips dry and stick to teeth and gums, difficult to separate them.
No thirst except to moisten lips.
Heartburn.
Colic, with nausea.
A metallic, bitter taste in mouth.
Pain in abdomen and lower bowels, with passage of flatus.
E. Morning stool expelled with explosive violence.
Soft, yellowish stool, with offensive odor.
Pain and rumbling in abdomen; feeling of incarcerated flatus.
Stool yellow and pasty, with flatus.

8. Genito-Urinary System

A. Burning in passing urine[2]. (Urine slightly cloudy on preceding day.)

C. Two emissions during night.
Morning urine dark, amber-colored and clear, but later became clouded.
E. Erections during night, but no emissions.

11. Bones and Muscular System

A. Some pain in r. leg and r. arm.
Pain in r. hip when walking.
C. Some sharp pain in lower limbs.
Rheumatic pain in middle and ring finger of l. hand.
E. Hands feel dry and stiff.
Bruised feeling in ankles when walking.
Pain in r. leg.
Pain in ankles when walking.
Trembling of hands.
Aching of ring finger of r. hand.
Pain in r. wrist.

12. Skin

A. Hands feel moist, after dryness.
A bright red eruption on thighs and lower part of abdomen, inclined to be pustular.
E. Skin somewhat moist.

14. General Systemic Conditions

A general feeling of lassitude.
Went to bed in daytime more easily than usual.
Very nervous.
Temperature rose to 99.7.
Hot feeling all over.
Lost 2 lbs. in weight during proving.

XXVIII. Mr. E. N. B. of Iowa City, Ia.: medical student; age 24; American parentage; male; single; height 5 feet 8 in.; weight 178 lbs.; skin fair; eyes gray; hair sandy; temperament nervous; constitution rugged; no hereditary predisposition to disease, unless to muscular rheumatism; had slight touch of rheumatism of knee joints 6 years ago; subject only to rheumatism as stated above, and has some tendency to nasal catarrh and catarrhal conjunctivitis, otherwise subject to no disturbances of health whatever; present state of health good; uses no tobacco, stimulants, tea or coffee.

Placebo, without the development of any symptoms.

April 14 to 20, 1902. 3 x. dil. (presumably 4 times daily). To-day no symptoms.

April 15. Itching in anus.

April 16. Burning in eyes; drowsy.

April 17. Burning in eyes; increased secretion from eyes. 10 p. m. lower limbs restless, wants to keep them moving; some heat in rectum.

April 18. Slept well, but when awake limbs were restless; itching in rectum; drowsy; eyes burn; eyes slightly hyperemic; increased catarrh from throat.

April 19. Pain in abdomen and passage of much flatus.

April 20 to 22. No remedy taken and no symptoms except epistaxis of bright red blood at 9 p. m. April 20, and 6 p. m. April 21.

April 22. 5 d. ϕ at 7, 8, 9, 10, 10:50 a. m., at 12:15, 2:15, 3, 4:10, 5, 6, 7:10, 9:20 p. m. (70 d. in all); 10:30 a. m. pulse (sitting) 64, (standing) 96, (lying) 55; 10:40 a. m. pain in occiput just back of basilar process; head heavy and dull; l. eye expressionless; lids heavy; marked dryness of throat; thirst; thick, sticky saliva; 1:30 p. m. frontal headache; eyes feel dry and heavy; hoarseness; 2:40 p. m. dryness of nose; sneezing; reflexes not so marked; 3:10 p. m. pulse (sitting) 46, (standing) 80, (lying) 46; temp. 98.4; itching of eyebrows; 6:30 p. m. dryness of throat > by eating; 7:30 p. m. pain in abdomen; 8:30 p. m. pain in r. hypochondrium till 9 p. m.; pupils widely dilated before noon, and so remained all day with very marked dilation at 8:30 p. m. From 11:45 p. m. to 1:30 a. m. (23rd) marked nausea < motion; memory defective during evening; slight epistaxis in evening; nose dry and sore; mouth very dry, < towards morning (23rd); increased sexual desire in evening.

April 23. 10 d. ϕ at 7:30, 8:15, 9:5 a. m.; 20 d. ϕ at 10, 11 a. m. and 12 m.; 12 d. ϕ at 1 p. m. (100 d. in all). 6:30 a. m. pulse 50 (before rising); conjunctiva very red; 8:30 a. m. pulse 67, (sitting) 90, (standing) strong; temp. 99.2; 9:30 a. m. veins of retina congested; nasal mucous membrane dry; veins of throat congested; sensation of great dryness of throat and yet a good deal of ropy mucus; 11 a. m. all reflexes increased; mouth very dry, saliva like cotton, scanty secretions in mouth and throat; sensation of choking from dryness in throat; mouth feels as if full of cotton. [I observed this ropy, sticky mucus myself; it was very marked and a surprise to me. — D.] 12 m. appetite not good; mucus in throat; eyes feel dry and heavy; eyes ache; hoarseness; palms of hands very dry; dryness of mouth seems to be > by eating sweet things, the relief only lasting a few min.; not thirsty, but wants to drink to relieve dryness of mouth; water > dryness only a few min.; skin of hands and body dry; eructations like rotten eggs; 1:35 p. m. pulse at 1 counting 99, but a few min. later 70; resp. 18; 6:30 p. m. complete loss of appetite; belching of flatus, which tastes like rotten eggs; dull pain in stomach; desire to vomit; skin dry and harsh; sensation as if all the intestines were twisted and knotted like a bunch of angle-worms; nauseated on taking sips of water; 10 p. m. belching of much

flatus tasting like rotten eggs; griping pain in epigastrium; some flatus passed per rectum; throat feels much better; bending over makes pain in abdomen more severe; wants to lean back, or keep body erect; abdomen much distended; a long, hard, dark-brown stool passed with some difficulty.

April 24. 1 a. m. bowels moved; stool yellow, thin, watery, copious, forcible, with a great deal of flatus; 3 a. m. bowels moved again, stool same as at 1 a. m. except that there were cramping pains, which went down the spermatic cord into testicle; testicle felt hard and slightly enlarged; 6 a. m. bowels moved again, stool thin, watery and yellow as before, but less pain; 7:30 a. m. less pain in abdomen; pulse 48 (sitting); dryness and smarting of eyes; marked conjunctivitis, considerable discharge from eyes; urine stops after starting, after which it requires much straining to start the stream; mind seems dull; blood test this a. m. shows no change in either red or white corpuscles or flow; 9 a. m. venous congestion of retina; dryness of throat almost gone; much less ropy mucus; less pain in stomach; 12 m. appetite good; 1:30 p. m. a little headache, general all over head; much soreness in l. nostril, feels like a boil; holding nose and blowing causes pain to extend into l. eyeball; drowsiness.

April 25. 11 a. m. urging to urinate with pain extending down into testicle; 12:45 pain in l. hypochondrium, dull and drawing.

1. Mind and Nervous System

A. Drowsy [3].
Lower limbs restless [2], wants to keep them moving
D. Pain in occiput, just back of basilar process.
Head heavy, with dull, frontal headache.
Reflexes not as marked.
Memory defective during evening.
E. All reflexes increased.
Mind seems dull.
General headache.

2. Eyes

A. Burning in eyes [3].
Increased secretion from eyes.
B. Eyes slightly hyperemic.
D. L. eye expressionless.
Eyelids heavy.
Eyes feel dry and heavy.
Itching of eyebrows.
Pupils widely dilated before noon and so remained all day, with very marked dilation at 8:30 p. m.
E. Conjunctiva very red.
Veins of retina congested.
Eyes ache.

Dryness and smarting of eyes.
Marked conjunctivitis.
Considerable discharge from eyes.
Holding nose and blowing causes pain to extend into l. eyeball.

4. Nose and Throat

A. Increased catarrh from throat.
B. Epistaxis of bright red blood at 9 a. m[2].
C. Marked dryness in throat[4], > eating, causing sensation of choking.
Thick, sticky saliva.
Nose dry and sore.
Slight epistaxis in evening.
D. Nasal mucous membrane dry.
Veins in throat congested.
Sensation of great dryness of mouth and throat and yet a good deal of ropy mucus[2].
Saliva like cotton.
Mouth feels as if full of cotton.
Scanty secretions in mouth and throat.
Hoarseness.
[I observed this ropy, sticky mucus myself; it was very marked and a surprise to me. — D.]
E. Soreness in l. nostril, feels like a boil.

6. Circulatory System

A. Pulse decreased from sitting 64, standing 96, lying 55, to sitting 46, standing 80, lying 46. Temperature 98.4.
E. Pulse became variable after proving (99 to 70.)

7. Alimentary System

A. Itching in anus.
B. Some heat in rectum.
Itching in rectum.
C. Pain in abdomen and passage of much flatus.
D. Marked dryness in throat[4], > by eating, causing sensation of choking.
Thirst.
Thick, sticky saliva.
Pain in abdomen.
Pain in r. hypochondrium.
Marked nausea < by motion.
Mouth very dry during evening and night < toward morning.
Sensation of great dryness of mouth and throat and yet a great deal of ropy mucus[2].

Saliva like cotton.
Mouth feels as though it were full of cotton.
Scanty secretions in mouth and throat.
Dryness of mouth seems to be > by eating sweet things, the relief lasting only a few minutes.
Not thirsty but wants to drink to > dryness of mouth.
Water > dryness of mouth only a few minutes.
Complete loss of appetite.
Belching of flatus, which tasted like rotten eggs.
Dull pain in stomach, with desire to vomit.
Sensation as if all the intestines were twisted and knotted like a bunch of angle-worms.
Nauseated on taking sips of water.
Griping pain in epigastrium.
Abdomen much distended, with passage of flatus.
Bending over makes pain in abdomen more severe.
Wants to bend back or keep body erect.
E. Thin, yellow, watery, copious, forcible stools, with much flatus.
Accompanying diarrheic stool, cramping pains, which went down the spermatic cord into the testicle.
Pain in l. hypochondrium, dull and drawing.

8. Genito-Urinary System

A. Increased sexual desire in evening.
C. Cramping pains during diarrheic stool, which went down spermatic cord into testicle.
Testicle felt hard and slightly enlarged.
Urine stops after starting, after which it requires much straining to start the stream.
E. Urging to urinate, with pain extending down to testicle.

11. Bones and Muscular System

A. Lower limbs restless [2], wants to keep them moving [2].

12. Skin

A. Palms of hands very dry.
Skin of hands and body dry and harsh.

13. Tissue Changes

Much soreness in l. nostril, feels like a boil.

14. General Systemic Conditions

Drowsiness [2].
Temperature rose to 99.2.

XXIX. Mr. E. A. H. of Iowa City, Ia.: medical student; age 35; American parentage; male, married; height 5 ft. 5 in.; weight 131 lbs.; skin white; eyes brown; hair dark brown; temperament, nervo-bilious; constitution good; no hereditary predisposition to disease; no previous sicknesses, except diphtheria, measles, and constipation; subject to nasal and pharyngeal catarrh, but not subject to any other disturbances of health; state of health at present good; uses no tobacco, beer or other alcoholic stimulants, tea or coffee.

April 8 to 11, 1902. Placebo 4 times a day with very few symptoms, and these were carefully noted that they might be eliminated from the records made later in the proving.

April 11 to 15. No placebo taken and symptoms practically ceased.

April 15. Began taking 3 discs of 3x. 3 times daily.

April 22. Under the 3x. no symptoms noted of moment with the exception that April 18 the reflexes of knee and elbow were accentuated. To-day at 8 a. m. began taking ϕ 5 d. at 8 and 9 a. m.; 8 a. m. pulse (sitting) 75, (standing) 80, (lying) 70; 10 a. m. 5 d. ϕ pupils dilated widely; pulse (sitting) 67; 10:20 a. m. pulse (sitting) 58, (standing) 70, irregular (lying) 54; temp. 98.1; 10:30 a. m. pulse (standing) 82, irregular; 11 a. m. pupil of l. eye more dilated than that of r.; slight conjunctivitis; drooping of upper eyelids; no expression to eyes; 12 m. 5 d. ϕ; marked dryness of mucous membrane of mouth, so much so that eating was difficult; 1:20 p. m. 5 d. ϕ; continued dryness of mouth and lips; pulse (sitting) 78; 2:15 p. m. 5 d. ϕ; temp. 98.6, nostrils dry; 3 p.m. 5 d. ϕ; nose, mouth and throat dry; deglutition very difficult; entire mucous membrane congested; pulse (sitting) 62 and weak; drooping of eyelids marked; a little thirst; mind slow to act; head feels full in frontal region; feels feverish all over; tongue coated at base; 4 p. m. 5 d. ϕ; 5 p. m. 5 d. ϕ; dryness of mouth, nose and throat continues; congested appearance of face; 7 p. m. 10 d. ϕ; dull, frontal headache; vision blurred and indistinct; pulse (sitting) 68, strong and full; 8:30 p. m. cramping, colicky pains in abdomen; chilly feeling all over body; eyes feel heavy and swollen; when reading letters run together; eyes feel dry; pupils widely dilated; throat not only dry but sore; thick discharge from posterior nares; 9 p. m. retired.

April 23. Slept well until nearly morning, when it was necessary to rise to empty bladder, something unusual; 6 a. m. arose feeling well; all symptoms gone except blurred vision; it seemed necessary to continually focus eyes when reading or writing; 8 a. m. 10 d. ϕ; 9:15 a. m. veins of fundus of eye congested; slight drooping of eyelid; uvula broad and elongated; 10 a. m. 10 d. ϕ; 10:30 a. m. pain in hypogastrium; pulse (sitting) 70, regular; vision much impaired; eyes dry; feeling as if film were over eyes; mouth, lips and throat feel very dry; 11 a. m. 10 d. ϕ and drug discontinued; 11:30 a. m. throat dry and sore; sight

so dim can scarcely see to write; nose very dry; feels dull and drowsy; frothy mucus in mouth; mouth and throat dry but water does not relieve; 1:45 p. m. pulse (sitting) 84 (standing) 112; mouth and lips dry yet sticky; ropy saliva all over mucous surfaces of mouth and throat; eyes sensitive to bright light; 6 p. m. sharp pain in hypogastrium; 9 p. m. more sharp pain in hypogastrium; dryness of mucous membrane gone except in nose; much unoffensive flatus passed per rectum.

April 24. Slept well, except 2 or 3 times of waking just before daylight; l. eye agglutinated on waking in a. m; 7:15 a. m. vision still somewhat blurred; dryness of all mucous membranes gone; stool mushy; of yellowish-brown color; much offensive flatus before stool; tired and nervous; urination slow, interrupted, but painless; 8:20 a. m. inspection of nose showed lack of secretion; congestion of fundus of eye still apparent, but less than yesterday; marked conjunctivitis; pulse (sitting) 76; 2 p. m. weak, very nervous and restless; 9 p.m. very nervous and tired, as if he could get no rest anywhere; eyes feel very dry and are injected.

April 25. Arose feeling much better than when he retired; 3 p.m. again very weak and nervous; had to lie down and rest.

April 26. All right.

1. Mind and Nervous System

A. Reflexes of knee and elbow accentuated.

C. Mind slow to act.
Head feels full in frontal region.
Dull, frontal headache.
Feels dull and drowsy.
Very nervous[2] and tired[2] as if he could get no rest anywhere.

F. Very weak[2] had to lie down and rest.

2. Eyes

A. Pupils widely dilated, especially l.
Slight conjunctivitis[3], afterwards marked.
Drooping of upper eyelids[2] marked.
No expression to eyes.
Vision blurred[3] and indistinct; when reading, letters run together.
Eyes feel heavy and swollen; eyes feel dry[3].

C. Seems necessary to continually focus eyes when reading or writing.
Veins of inner angles of eyes congested[2].
Feeling as if film were over eyes.
Sight so dim can scarcely see to write.
Eyes sensitive to bright light.

E. L. eye agglutinated on waking in a. m.
Eyes injected.

4. Nose and Throat

A. Marked dryness of mucous membrane of mouth.
Nostrils dry.
Nose, mouth and throat very dry [2].
Throat not only dry but sore [2].
Entire mucous membrane of upper passages congested.
Thick discharge from posterior nares.
C. Uvula broad and elongated.
Ropy saliva all over mucous surfaces of nose and mouth.
E. Inspection of nose shows lack of secretion.

6. Circulatory System

A. Pulse (sitting) reduced from 75 to 58; (standing) from 80 to 70; (lying) from 70 to 54.
Pulse became irregular and afterwards weak, becoming in evening, when sitting, 68, strong and full. (Temp. from 98.1 became 98.6.)
C. Pulse (sitting) 70, became regular, (sitting) 84, (standing) 112.
E. (Remedy discontinued.) Pulse 76.

7. Alimentary System

A. Marked dryness of mucous membrane of mouth, so much so that eating was difficult.
Lips [2], mouth [2] and throat [2] very dry.
Deglutition very difficult.
Entire mucous membrane of upper passages congested.
Slight thirst.
Tongue coated at base.
Cramping, colicky pains in abdomen.
C. Frothy mucus in mouth.
Dryness of mouth and throat not > by water.
In spite of dryness, a sticky, ropy saliva all over surfaces of mouth and throat.
Sharp pain in hypogastrium.
Much inoffensive flatus passed per rectum.
E. Mushy stool of yellowish-brown color.
Much offensive flatus before stool.

8. Genito-Urinary System

A. Towards morning it was necessary to rise to empty bladder (something unusual).
E. Urination slow, interrupted, but painless.

14. General Systemic Conditions

Feels feverish all over.
Chilly feeling all over body.
Feels dull and drowsy.
Very nervous[2] and tired[2] as if he could get no rest anywhere.
Very weak[2], had to lie down and rest.

XXX. Mr. R. V. G. of Iowa City, Ia.: medical student; age 23; American parentage; male; single; weight 168; skin dark; eyes gray; hair brown; temperament, lymphatic; constitution rugged; no hereditary predisposition to disease; no previous sicknesses of any moment; not subject to disturbances of any sort whatever; present state of health good; uses no tobacco, stimulants, tea or coffee.

April 9 to 12, 1902. Placebo. No symptoms.
April 15 to 18. 4 discs of 3 x. 4 times daily.
April 17. A clear, white, pasty mucous discharge from nose in the a. m.; dryness of mouth and lips; tongue cracked; itching in the internal canthus of r. eye; congestion of conjunctiva; pupils dilated; drowsy; pulse 81 (sitting); very nervous.
April 18. 1 a. m. colicky pain in pubic region, followed by diarrhea; stool pasty, with large amount of flatus; 6:30 a. m. on rising, mouth dry with bad taste; increased catarrhal condition of conjunctiva; increased hyperemia of throat.
April 19 to 21. No symptoms.
April 22. 5 d. ϕ every hr. from 7 a. m. to 5 p. m., and 7 d. ϕ 6 p. m. (62 d. in all); 10 a. m. slight pain in r. eyeball; slight pain in r. jaw; 10:30 a. m. temp. 99.1; pulse (sitting) 74, (standing) 90; (lying) 60; 11 a. m. l. eye expressionless; l. eyelid droops; 1 p. m. mouth, lips and throat very dry; 2 p. m. temp. 99; 3:30 p. m. pulse, 80, weak and irregular; tickling in pharynx; headache at lambdoidal suture, > motion; 5:30 p. m. throat dry, but > somewhat by eating; pain in epigastric region; pain in bladder on urinating; 6 p. m. throat symptoms < by cold wind, which makes throat feel raw; bowels move, stool constipated.
April 23. 5 d. ϕ at 7, 8, 9 a. m.; 8 d. at 10 a. m.; 11 d. at 11 a. m.; 12 d. at 12 m. (58 d. in all); 9 a. m. loose stool with much flatus; 9:20 a. m. nares dry; congestion of retinal veins; throat congested and dry; 12:30 p. m. vertigo on stooping; throbbing headache < stooping; 1 p. m. difficult breathing; feeling as if hands were swollen; drawn feeling on closing hands; must swallow continually to moisten throat; sneezing on returning to warm room from cold air; all reflexes increased; increased desire to urinate; 1:30 p. m. pulse 104 (standing); 2 p. m. temp. 99.2; some mucous discharge from eyes; tired, worn feeling; dull pain in r. deltoid muscle; urine lighter in color than usual; 4 p. m. sensation as

though tip of tongue were blistered; sleepy; itching on calf of l. leg; ear drums retracted; 5 p. m. sharp pain in epigastric region with some eructation, which is slightly bitter; 6 p. m. more cramping pain in pubic region; eyes feel as if there were dirt or dust in them; hands feel dry and are red.

April 24. 6 a. m. stool, at first hard and formed, followed by watery substance, expelled with much force and accompanied by much flatus; hands very moist; incarcerated flatus, which causes pain as it passes sigmoid flexure and rectum; pupils slightly dilated; mind acts slowly, cannot recall events readily; 8:30 a. m. dryness of mouth and throat still present, but to less extent; slimy mucus in pharynx; blood vessels of fundus still engorged; near point of vision is at greater distance; photophobia is marked; appetite for breakfast not good; 8:37 a. m. profuse, watery stool, expelled with force and followed by flatus; felt weak after stool; 2 p. m. watery stool, sour in odor.

April 25. In a. m. watery stool; general weakness of body; weakness of lungs; sensation as of a band around upper part of chest; hair seems to fall out more than it did and there is more dandruff.

April 26. Everything normal again.

1. Mind and Nervous System

A. Drowsy.
Very nervous.
C. Headache at lambdoidal suture, < motion.
D. Vertigo on stooping.
Throbbing headache, < stooping.
Feeling as if hands were swollen.
Drawn feeling on closing hands.
All reflexes increased.
Tired, worn feeling.
Sleepy.
E. Mind acts slowly, cannot recall events readily.
General weakness of body.

2. Eyes

A. Itching in internal canthus of r. eye.
Congestion of conjunctiva.
Pupils dilated [2].
Increased catarrhal condition of conjunctiva.
C. Slight pain in r. eyeball.
L. eye expressionless.
L. eyelid droops.
D. Congestion of retinal veins.
Eyes feel as if there were dust or dirt in them.
E. Blood vessels of fundus engorged.
Near point of vision at greater distance.
Marked photophobia.

3. Ears

A. [Ear drums retracted. — Ex.]

4. Nose and Throat

A. A clear, white, pasty mucous discharge from nose in a. m.
Mouth dry [8].
Increased hyperemia of throat.
C. Throat very dry [3].
Tickling in pharynx.
Throat symptoms increased by cold winds, which make throat feel raw.
D. Nares dry.
Throat congested.
Must swallow continually to moisten throat.
Sneezing on returning to warm room from cold air.
E. Slimy mucus in pharynx.

5. Respiratory System

A. Difficult breathing.
E. Weakness of lungs.
Sensation as of a band around upper part of chest.

6. Circulatory System

A. Pulse first lessened in rapidity, then became weak and irregular.
E. Pulse increased in rapidity, with raised temperature.
Feeling as if hands were swollen.
Drawn feeling on closing hands.
Hands feel dry and are red.

7. Alimentary System

A. Dryness of mouth [3] and lips [2]; tongue cracked.
Colicky pain in pubic region, followed by diarrhea.
Stool pasty, with large amount of flatus.
Bad taste in mouth, on rising, with dryness.
C. Throat very dry, but > somewhat by eating.
Pain in epigastric region.
Constipated stool.
D. Loose stool, with much flatus.
Throat congested and dry; must swallow continually to moisten throat.
Sensation as though tip of tongue were blistered.
Sharp pain in epigastric region, with some eructation, which is slightly bitter.

Cramping pain in pubic region.
E. 6 a. m. Stool at first hard and formed, followed by watery substance, expelled with much force and accompanied by much flatus.
Incarcerated flatus, which causes pain as it passes sigmoid flexure and rectum.
Slimy mucus in pharynx.
Appetite for breakfast not good.
Profuse, watery stool expelled with force and followed by flatus.
Felt weak after stool.
Watery stool [2], sour in odor.

8. Genito-Urinary System

A. Pain in bladder on urinating.
E. Increased desire to urinate, urine lighter in color than usual.

11. Bones and Muscular System

A. Slight pain on r. side of jaw.
E. Dull, tired pain in r. deltoid muscle.
General weakness of body.

12. Skin

A. Itching on calf of l. leg.
Hands feel dry and are red.
C. Hands very moist.
E. Hair seems to fall out more than it did and there is more dandruff.

14. General Systemic Conditions

Very nervous.
Tired, worn feeling.
General weakness of body.
Temperature rose to 99.1.
Temperature rose to 99.3.

XXXI. Mr. B. B. S. of Iowa City, Ia.: medical student; age 30; American parentage; male; single; skin light; eyes gray; hair auburn; temperament sanguine; constitution healthy; no hereditary predisposition to disease; no previous sicknesses of moment; subject to slight postnasal catarrh but to no other disturbances of health; health at present good; uses no tobacco, beer, or other alcoholic stimulants; tea and coffee used in moderate quantity and not discontinued during proving.

April 8 to 13, 1902. Placebo was taken, with no symptoms observed which could not be accounted for by an error in eating.
April 12 to 13. Nothing taken.
April 14 to 19. 5 discs 3 x. taken four times daily.
April 16. Mouth and gums tender; secretions of mouth and nose slightly increased; reflexes much more acute.
April 17. Eyes dry and sensitive to light; sleepy.
April 18. Tired and sleepy on waking; eyes looked and felt as if he had had a night's dissipation. [Eyes red and lids heavy. — D.] Itching of r. eye; sleepy after dinner; soft, yellow stool; stupid all day; feels "tough."
April 19. No medicine; felt better; appetite good and bowels normal.
April 20. No medicine and no symptoms.
April 21. No medicine and no symptoms.
April 22. 5 d. ϕ hourly from 7:30 a. m. to 9:30 p. m., 70 d. in all. 11:30 a. m. mouth and throat began to feel dry; no secretions in nose; 9 p. m. griping pains in bowels followed by thin, green stool; thick discharge from posterior nares.
April 23. On waking the posterior portion of eyeballs seemed sore; tongue coated with thick, slimy mucus; mucous discharges from nose and throat white and slimy; 8:30 a. m. 12 d. ϕ; 9:30 a. m. 15 d. ϕ; 10 a. m. pupils very much dilated; nose and throat more and more dry; 10:30 a. m. 15 d. ϕ; eyes blood-shot and vision blurred; cannot see to read more than 3 or 4 lines of print; 11:30 a. m. 15 d. ϕ; bad taste from drug; feels like vomiting; saliva like cotton, which sticks to dry surface of mouth and throat when expectoration is attempted; 12 m. poor appetite for dinner; felt nervous; had to take a drink of milk or water every time he took food to wash it down; mouth and throat so dry and sticky he could hardly eat; 12:30 20 d. ϕ (last dose, making 77 d. in 4 hrs.). There seemed to be a moist, sticky coat over a dry surface in mouth and throat [the surface was covered with a ropy, tough mucus. — D.]; uneasiness in bowels; bright sunlight dazzles eyes very much; 12:45, stool of small, yellow lumps; startled at every unexpected noise; 1:30 p. m. pulse 100, weak and irregular; felt as if his heart would stop beating; pupils greatly dilated; cannot see to read at all; tongue coated and thick; saliva like cotton; besotted expression of face; l. eyelid droops a little; nausea; venous congestion of retina.
April 24. On waking eyes itched and were quite dry, sensitive to light and touch [examination showed congestion of all the blood vessels of the eyes and partial paralysis of accommodation. — D.]
April 25. Felt about as usual.

1. Mind and Nervous System

A. Reflexes much more acute.
Sleepy.
C. Tired and sleepy, < after dinner.
Stupid all day.
Feels "tough."

E. Felt nervous.
Startled at every unexpected noise.

2. Eyes

A. Eyes dry and sensitive to light.
Eyes looked and felt as if he had had a night's dissipation.
[Eyes red and lids heavy. — Ex.]
Itching of r. eye.
D. Posterior portion of eyeballs seems sore.
Pupils very much dilated.
Eyes bloodshot.
Vision blurred; cannot see to read more than 3 or 4 lines of print.
Bright sunlight dazzles eyes very much.
L. eyelid droops a little.
Venous congestion of retina.
E. Eyes itched and were quite dry.
Eyes sensitive to light and touch.
[Examination showed congestion of all blood vessels and partial paralysis of accommodation. — Ex.]

4. Nose and Throat

A. Secretions of mouth and throat slightly increased.
D. Mouth and throat began to feel dry.
No secretions in nose.
Thick discharge from posterior nares.
E. Mucous discharge from nose and throat white and slimy, with increased dryness.
Saliva like cotton, which sticks to dry surface of mouth and throat when expectoration is attempted.
There seemed to be a moist, sticky coat over dry surface in mouth and throat.
[The surface of mouth and throat was covered with a ropy, tough mucus. — D.]

5. Circulatory System

A. Pulse 100, weak and irregular.
Felt as if his heart would stop beating.

7. Alimentary System

A. Mouth and gums tender.
Secretions of mouth slightly increased.
Soft, yellow stool.
D. Mouth and throat began to feel dry.
Griping pain in bowels, followed by thin, green stool.

E. Tongue coated with thick, slimy mucus.
Throat more and more dry.
Feels like vomiting.
Saliva like cotton, which sticks to dry surface of mouth and throat when expectoration is attempted.
Poor appetite for dinner.
Had to take a drink of milk or water every time he took food to wash it down.
Mouth and throat so dry and sticky he could hardly eat.
There seemed to be a moist, sticky coat over a dry surface in mouth and throat.
[The surface of mouth and throat was covered with a ropy, tough mucus. — D.]
Uneasiness in bowels.
Stool of small, yellow lumps.
Tongue coated and thick; saliva like cotton.

14. General Systemic Conditions

Sleepy; tired and sleepy on waking; sleepy after dinner.
Stupid all day; feels "tough."
Felt nervous.

XXXII. Mr. M. E. K. of Iowa City, Ia.: medical student; age 25; American parentage; male; married; height 5 ft. 9 in.; weight 160 lbs.; color skin, dark; eyes brown; hair brown; temperament lymphatic yet very nervous; constitution good; no hereditary predisposition to disease; has had typhoid fever, measles, chicken pox; slight varicocele, l. side; is subject to slight catarrhal affections; has also what he calls "night terrors" once or twice per month, otherwise is subject to no disturbances of health; state of health at present good; uses tobacco and takes an occasional glass of beer, but no other stimulants; no change made during proving.

April 8, 1902. Began taking placebo, which he continued for 3 days, but experienced no symptoms.
April 15. 3 x. 4 times a day. No symptoms noted.
April 16. 3 x. 4 times a day. Reflexes more marked.
April 17. 4 doses of 3 x. Slight itching in both eyes; irritation of palpebral conjunctiva; pupils dilated; rheumatic pains between third and fourth metacarpal bones; 11 a. m. ringing in l. ear; 3 p. m. dull pain in epigastric region.
April 18. 4 doses 3 x. A slight increase of the catarrhal condition of eyelids.
April 22. 5 d. ϕ at 7:40, 8:50, 9:50 and 10:50 a. m. 10:53 a. m. pulse 68; temp. normal; no expression in eyes; lids drooped;

r. leg feels heavy; 11:30 a. m. pulse 72, weak; 11:35 a. m. lips and mouth dry; 11:50 took 5 d. ϕ; 12:50 took 5 d. ϕ; 1:20 p. m. slight frontal headache; 1:30 p. m. pulse (sitting) 96; 2:10 p. m. took 5 d. ϕ; 2:15 p. m. dull frontal headache; 2:30 p. m. hoarseness with dry throat; 3:15 p. m. took 5 d. ϕ, pulse very weak and 78; conjunctivitis and photophobia; fauces felt dry though covered with slimy, mucous saliva; 3:55 p. m. slight ache over l. eye; 4:15, 5:50, and 7 p. m. took 5 d. ϕ; 7:05 p. m. pulse 92, weak; 8:15 p. m. 5 d. ϕ; 8:45 p. m. pulse 90, weak; cramping pains in region of bladder; urine seemed to be retained; pain at one time < on motion.

April 23. 6:45 a. m. loose stool; 8:15 a. m. took 7 d. ϕ; 9 a. m. took 10 d. ϕ; mucous membrane of nose and throat very dry; marked congestion of throat; venous engorgement of retina; 10:05 a. m. 20 d. ϕ; 10:55 a. m. loose stool with urging; some cramping pain through abdomen; mouth and throat very dry; 11:05 a. m. 17 d. ϕ; 12:20 p. m. 20 d. ϕ; 1:10 p. m. hands feel stiff and clumsy; palms very dry; tongue, lips, and throat very dry; lips stick together; some sticky mucus in mouth and nose; feeling of weakness in arms, hands, and lower extremities; aching in knees and ankles; temp. 98; pulse 88. [I examined the reflexes at this time and found them more marked than ever; his face was congested and he looked sick; I ordered the medicine discontinued. — D.] 1:35 p. m. pains and aching all over abdomen; pupils dilated; bad taste in mouth; 4 p. m. slight pain over r. patella; 4:30 p. m. itching in both eyes; 5:15 p. m. passed 8 oz. urine with difficulty; sour eructations with some nausea [he was sleepy all the p. m.; it was with difficulty we could keep him awake from 2 to 5 p. m. — D.].

April 24. 7 a. m. slept fairly well; a mushy, very offensive stool; 8 a. m. great weakness of lower extremities; 1:20 p. m. pulse 85, weak; 4:30 p. m. loose stool with much flatus, color dark brown; stool has formed portions with a tendency to crumble, but the entire mass was loose; great weakness in legs on going upstairs. Blood tests were made before and during proving, but there was no change.

April 25. As well as usual except a little weakness of lower limbs.

1. Mind and Nervous System

A. Reflexes more marked.
R. leg feels heavy.
Slight, dull, frontal headache.

D. Hands feel stiff and clumsy.
Palms of hands very dry.
Feeling of weakness in arms, hands, and lower extremities.
Reflexes exaggerated.
Sleepy all the p. m., was kept awake with difficulty from 2 to 5 p. m.

E. Great weakness in legs[2], < on going upstairs.

2. Eyes

A. Slight itching in both eyes [2].
Irritation of palpebral conjunctiva.
Pupils dilated.
B. Slight increase of catarrhal condition of eyelids.
D. No expression in eyes.
Eyelids drooped.
Conjunctivitis.
Photophobia.
Slight ache over l. eye.
E. Venous engorgement of retina.

3. Ears

A. Ringing in l. ear.

4. Nose and Throat

A. Hoarseness, with dry throat.
C. Fauces felt dry, though covered with slimy, mucous saliva.
E. Mucous membrane of nose and throat very dry.
Marked congestion of throat.
Some sticky mucus in mouth and nose.

6. Circulatory System

A. Pulse from 68 increased to 96 and weakened; temp. normal.
C. Face congested; pulse increased; temp. 98.
E. Pulse increased and weak.

7. Alimentary System

A. Dull pain in epigastric region.
C. Lips and mouth dry.
Fauces felt dry, although covered with slimy, mucous saliva.
D. Loose stool, with urging.
Mucous membrane of throat very dry.
Some cramping pain through abdomen.
Lips, tongue, mouth, and throat very dry.
Lips stick together.
Some sticky mucus in mouth.
Sour eructations, with some nausea.
Pains and aching all over abdomen.
Bad taste in mouth.
E. Mushy, very offensive stool.
A loose stool, with much flatus, color dark brown; stool had formed portions, with tendency to crumble, but entire mass was loose.

8. Genito-Urinary System

A. Cramping pains in region of bladder, < on motion.
Urine seemed to be retained.
E. Passed 8 oz. urine with difficulty.

11. Bones and Muscular System

A. Rheumatic pains between third and fourth metacarpal bones.
C. R. leg feels heavy.
D. Hands feel stiff and clumsy.
Feeling of weakness in hands, arms, and lower extremities.
Aching in knees and ankles.
Slight pain over r. patella.
E. Great weakness in legs [2], < on going upstairs.

12. Skin

A. Palms of hands very dry.

14. General Systemic Conditions

Was sleepy all the afternoon, and was kept awake with difficulty from 2 to 5 p. m.

XXXIII. Mr. J. B. K. of Iowa City, Ia.: medical student; age 24; American parentage; male; single; height 6 ft.; weight 170 lbs.; skin dark; eyes brown; hair dark; temperament nervo-bilious; constitution rugged; hereditary predisposition to catarrhal troubles; previous sicknesses have been measles, chicken pox, herpes circinatus, chronic pharyngitis and laryngitis; hypertrophic rhinitis; general thickening of mucous membranes, asthma, bronchitis; with the exception of tendency to catarrhal affections, is not subject to any other disturbances of health; present state of health fair; uses no tobacco, stimulants, tea or coffee.

Placebo taken for 3 days, then 3 x. taken 4 times daily for 3 days failed to elicit any symptoms.

April 22, 1902. 5 d. ϕ at 8, 9, and 10 a. m.; 7 d. ϕ at 11 a. m., 12 m., 1 p. m.; 8 d. ϕ at 2 and 3 p. m.; 8 d. ϕ at 3 p. m. (52 d. in all). 10 a. m. slight conjunctivitis; 10:30 a. m. pulse (sitting) 66, (reclining) 60, and slightly irregular; itching in l. eye; aching in l. eye; 11 a. m. aching in eyes; no expression in l. eye; slight drooping in l. eyelid; 1 p. m. vertigo on walking, with dimness of

vision; dimness seems worse on walking; great dryness and irritation of throat; 3 p. m. throat congested; scraping sensation in throat; slimy coating on back of throat; 8. p. m. shooting pains and cramps in abdomen; cramp low in abdomen; weakness.

April 23. 10 d. ϕ at 8 a. m.; 12 d. ϕ at 9:30 a. m.; 10 d. ϕ at 10:45 a. m. and 12:30 p. m. 8 a. m. venous congestion of retina; cramps in bowels with bloating of abdomen; 1:45 p. m. pulse (sitting) 81, (standing) 108, and weak; hands and fingers stiff; 7:30 to 10 p. m. exceedingly nervous; headache all through head; much pain and flatus in abdomen.

April 24. Pain and much rumbling in abdomen; constant desire to urinate; irritable; no urging or desire for stool.

April 25. Stool normal (has never been constipated before, but was so on April 22, 23, and 24). Feeling about as usual.

1. Mind and Nervous System

A. Vertigo on walking, with dimness of vision.
Weakness.
C. Exceedingly nervous all day.
Headache all through head.
E. Irritable.

2. Eyes

A. Slight conjunctivitis.
Itching in l. eye.
Aching in eyes, < l.
Slight drooping of l. eyelid.
No expression in l. eye.
Vertigo on walking, with dimness of vision, which seems < on walking.
E. Venous congestion of retina.

4. Nose and Throat

A. Great dryness and irritation of throat.
Throat congested.
Scraping sensation in throat.
Slimy coating on back of throat.

6. Circulatory System

A. Pulse increased from 66 (sitting) to 81 (sitting) and 108 (standing) and became weaker.

7. Alimentary System

A. Great dryness of throat.
Slimy coating on back of throat.
Shooting pains and cramps low in abdomen.

C. Cramps in bowels, with bloating.
Much pain and flatus in abdomen.
E. Pain and much rumbling in abdomen.
No urging or desire for stool. [Has never been constipated before, but was so throughout proving. — D.]

8. Genito-Urinary System

A. Constant desire to urinate.

11. Bones and Muscular System

A. Weakness.
E. Hands and fingers stiff.

14. General Systemic Conditions

Weakness.
Irritability.
Exceedingly nervous.

XXXIV. Mr. D. K. B. of Iowa City, Ia.: medical student; age 47; American parentage; male; single; height 5 ft.; weight 101½ lbs.; skin dark; eyes dark; hair dark; temperament active; constitution healthy; no hereditary predisposition to disease; acute attack of muscular rheumatism 14 yrs. ago, none since; chronic indigestion yrs. ago, but no trouble with digestion now; subject to no other disturbances of health of any sort and present health good; uses tobacco moderately and continues to do so during proving; uses no stimulants, tea or coffee.

February 10, 11, and 12, 1903. Placebo, with no symptoms noted, except itching in ears.
February 14. 3 d. 30th dil. every 4 hrs. beginning at 8 p. m. on the 12th. On waking, eyelids lightly agglutinated < l.; after rising, dull, frontal headache; heavy feeling in region of frontal sinus; noon, eyes smarting, a continued irritation of l. eye, with some discharge, which interferes with reading.
February 15. Eyes agglutinated in morning; noon began 3 x. dil. 3 d. every 4 hrs. No symptoms.
February 16. Same dosage continued. No symptoms.
February 17. 5 d. 3 x. at 3:25, 7:25 and 10 p. m. 8 a. m. uncomfortable feeling after stool as if incomplete; heaviness in descending colon.
February 18. 6 d. ϕ at 7:30 a. m.; 7 d. ϕ at 9 a. m.; 8 d. at 10 and 11:30 a. m. Great dryness of mouth and throat; dull feeling in head with drowsiness; 12 d. ϕ at 1 and 2 p. m.; 15 d. ϕ at 3 p. m. Throat feels dry, stiff, and parched; mouth feels slimy and sticky; stooping down makes him feel as though head and face would

burst from pressure of blood. 15 d. ϕ at 5:30 p. m; 18 d. ϕ at 7:30 p. m. Feels weak in legs; has a tendency to stagger to the right; burning and dryness of naso-pharynx; soft, tenacious mucus hawked up with difficulty; occasionally a slight feeling of nausea.

February 19. After retiring last night and when beginning to dose, a sudden, sharp stinging, itching in small joints, just as though sharp needles were thrust into the flesh; this was confined to the lower extremities and caused him to jump and the feet and limbs to jerk; 7 a. m. throat feels quite sore; hawked from posterior nares some lumps of almost solid mucus, grayish white in color; tongue dry, fissured, and brown; bladder seems to have lost its expulsive power, urine drops down in very small, passive stream. 25 d. ϕ at 8 a. m.; stool constipated, small, slender, peculiarly variegated, light clay color, part light, part almost chocolate color, expelled with difficulty; 25 d. ϕ at 9 a. m.; 30 d. ϕ at 10 a. m.; 32 d. ϕ at 11 a. m.; sharp pain in epigastrium; 35 d. ϕ at 1:10 p. m.; 36 d. ϕ at 2:10 p. m.; the difficulty of urination much increased; almost a continuous desire to urinate; head feels dull and confused.

February 19 (continued). "When I get drowsy, it seems certain there are persons in the room who are not; once or twice I have felt surprised that no one was present." An intense prickling sensation continues, causing feet and legs to jerk; a twisting pain about region of umbilicus; just after retiring, before going to sleep, experienced a sudden sense of constriction of the chest, with oppression; had to move quickly to get rid of this smothering sensation; hands tremble. [Note: My son, who rooms in same house, and Mr. B.'s room-mate, both stated to me that Mr. B. was very delirious at this time; he was talking wildly and his hands were in constant motion; carphologia. — D.]

February 20. Convulsive jerking of entire body, on attempting to go to sleep, continued all through last night, also formication and jerking, one leg at a time. While lying in bed, in partial sleep, thought people were in the room; on closing eyes last night there were very distinct flashes of light in rapid succession; the light flashes were uniformly triangular in shape, with each side concave; legs and small of back feel too weak to support body; hands tremble; letters blur when attempting to read; when reading loses the place; nose obstructed; forced to breathe through mouth at night; tongue so dry it almost cracked crosswise; mouth so dry that it awakened him from sleep; dryness of mouth and throat not relieved by drinking; throat very sore, < r. in back part of pharynx; soreness of throat seems to extend upwards; skin very dry [also hot and red — D.]. Stools still constipated, white and brown like leopard's spots; handkerchief after using was stiff from nasal discharge as if it had been starched; constricted feeling in throat.

February 21. Slept fairly well last night; very profuse, light-colored stool, mushy and offensive; in other respects nearly himself again. [Some of the reflexes were accentuated while others were impaired; they varied; *i. e.*, at times the patella

was impaired, again it seemed accentuated. — D.] [Taste for sweet lost (prelim. exam. normal); taste for sour lessened; taste for bitter slow; tobacco tasted like cork; taste of salt very disagreeable, almost causing vomiting; sense of smell apparently unaffected. — Phys. Ex.]

1. Mind and Nervous System

No predisposition to disease of mind or nervous system. Disposition even and unimaginative, quiet, reserved, and cheerful; present health, especially as regards nervous system, good; no insomnia.

A. (30th dil.) After rising, dull, frontal headache.
Heavy feeling in region of frontal sinus.

B. (1st day of ϕ) dull feeling in head, with drowsiness.
Feels weak in legs, with tendency to stagger to the r.
Prickling sensations at night caused him to jump and feet and legs to jerk [2].

C. Head feels dull and confused.
When drowsy, it seemed certain that there were persons in the room, although there were none; felt surprised that no one was present.
Hands tremble [2]; hands in constant motion; carphologia.
Very delirious; talks wildly.

D. Convulsive jerking of entire body, on attempting to go to sleep, continued all night; also formication and jerking, one leg at a time.
While lying in bed, in partial sleep, thought people were in the room.
On closing eyes at night there were very distinct flashes of light in rapid succession, the light flashes being uniformly triangular in shape, with each side concave.
Legs and small of back feel too weak to support body.

E. [Some of the reflexes were accentuated while others were impaired; they varied; *i. e.*, at times patella was impaired, while again it seemed accentuated. — D.]

2. Eyes

No predisposition to, or previous, disease of the eyes. On examination l. lachrymal canal found slightly catarrhal; pterygum on r. conjunctiva and slight tendency to same on l.; conjunctiva of lids slightly catarrhal; vision without glasses, r. and l., 20/30; glasses are worn, which correct defects; otherwise eyes normal in every respect as regards proving.

A. (30th dil.) On waking, eyelids slightly agglutinated [2], < l.
Noon, eyes smarting, a continued irritation of l. eye, with some discharge, which interfered with reading.

E. On closing eyes at night there were very distinct flashes of light in rapid succession, the light flashes being uniformly triangular in shape, with each side concave.
Letters blur when attempting to read; when reading loses place.
Summary of Examinations: [Margins of lids slightly inflamed; action of lids normal; lachrymal secretion decreased; pupils dilated; tension normal; conjunctival circulation injected; retinal circulation injected; optic disc congested; media no change; distant vision normal; accommodation paralyzed; muscle balance normal; no reflexes; color tests normal. — Ex.]

4. Nose and Throat

No predisposition to disease of the nose or throat. Has previously had some catarrhal trouble with nose and throat; no disease, functional disturbance or idiosyncrasy of nose or throat at present. Mucous membrane of throat slightly catarrhal, not dry; inferior and middle turbinated bodies normal; naso-pharynx normal with neither dryness nor over-secretion; pharyngeal tonsil normal; Eustachian prominences, oro-pharynx, soft palate, and faucial pillars all normal. Epiglottis, aryteno-epiglottic folds, ventricular bands, vocal bands, and visible portion of trachea all normal; action of muscles concerned in movement of vocal bands perfect; no cough; no desire to clear throat; no abnormal secretions; no enlargement of lymphatic glands about neck.

A. (1st day of ϕ.) Great dryness of mouth and throat.
Throat feels dry, stiff, and parched.
Mouth feels slimy and sticky.
Burning and dryness of naso-pharynx.
Tenacious mucus hawked up with difficulty.
C. Throat feels quite sore.
Hawked from posterior nares some lumps of almost solid mucus, grayish-white in color.
Nose obstructed; forced to breathe through mouth at night.
Tongue so dry it almost cracked crosswise.
Mouth so dry that it awakened him from sleep.
Dryness of mouth and throat, not > by drinking.
Throat very sore, < r. in back part of pharynx and extending upwards.
Handkerchief after using was stiffened from nasal discharge as if it had been starched.
Constricted feeling in throat.
Summary of Examinations: [Mucous membrane of nose congested and dry; inferior and middle turbinated bodies dry and congested; tissues about vomer, posteriorly, dry and con-

gested; naso-pharnyx dry, inflamed, and membrane covered with tenacious mucus; Eustachian prominences dry and inflamed; pharyngeal tonsil inflamed; oro-pharynx and soft palate dry and inflamed; faucial tonsils dry and inflamed; glosso-epiglottic fossa, epiglottis, aryteno-epiglottic fold and ventricular bands all inflamed; vocal bands and visible portion of trachea congested; muscles concerned in movement of vocal bands unaffected; no cough; some desire to clear throat, < mornings; mucous secretions tough and hard to dislodge; lymphatic glands about neck unaffected; changes noted not caused by atmospheric conditions or due to a cold. — Ex.]

5. Respiratory System

Chest normal in all respects upon preliminary examination.

A. (6th day of proving.) Just after retiring, before going to sleep, experienced a sudden sense of constriction of the chest, with oppression; had to move quickly to get rid of this smothering sensation.

6. Circulatory System

Heart and pulse normal in all respects upon preliminary examination.

A. (5th day of proving.) Stooping down makes him feel as though head and face would burst from pressure of blood.

7. Alimentary System

A. Uncomfortable feeling after morning stool as if incomplete.
Heaviness in descending colon.

B. Great dryness of mouth[2] and throat[2], not > by drinking.
Mouth feels slimy and sticky.
Occasionally a slight feeling of nausea.

C. [Tongue dry, fissured, and brown. — Phys. Ex.]
Stool constipated, small, slender, peculiarly variegated, light-gray color; part light, part almost chocolate color, expelled with difficulty.
Sharp pain in epigastrium.
Twisting pain about umbilicus.

D. Tongue so dry it almost cracked crosswise.
Mouth so dry it awakened him from sleep.
Stool constipated, white and brown spotted.

E. Very profuse, light-colored stool, mushy and offensive.
[Taste for sweet lost (prelim. exam. normal); taste for sour lessened; taste for bitter slow; tobacco tasted like cork; taste of salt very disagreeble, almost causing vomiting; sense of smell apparently unaffected. — Phys. Ex.]

8. Genito-Urinary System

A. (6th day of proving.) Bladder seems to have lost its expulsive power; urine drops down in very small, passive stream; later, difficulty of urination much increased; almost a continuous desire to urinate.

10. Blood

SUMMARY OF EXAMINATIONS

Percent. of hemoglobin very greatly increased; number of red discs markedly increased.

11. Bones and Muscular System

A. Feels weak in legs.
Has a tendency to stagger to the r.

C. After retiring at night, and when beginning to doze, a sudden, sharp, stinging itching in small joints, just as though sharp needles were thrust into the flesh; later, becoming an intense, prickling sensation. This was confined to the lower extremities, and caused him to jump and the feet and legs to jerk.
During delirium hands were in constant motion.

E. Convulsive jerking of entire body on attempting to go to sleep, continued all through night.
Formication and jerking of legs, one at a time.
Legs and small of back feel too weak to support body.
Hands tremble.

12. Skin

Skin normal upon preliminary examination.

A. [(7th day of proving.) Skin very dry, also hot and red. — D.]

14. General Systemic Conditions

Convulsive jerking of entire body in attempting to go to sleep, continuing through the night.

XXXV. Mr F. A. of Iowa City, Ia.: medical student; age 24; American parentage; male; single; height 5 ft. 8 in.; weight 146 lbs.; skin dark; eyes dark; hair dark; bilious temperament; rugged constitution; hereditary predisposition to rheumatism on father's side; no previous sicknesses of moment; a yr. ago a fall on side injured the kidney and pleura, but recovered; subject to occasional rheumatism and slight

catarrhal trouble, otherwise no tendency to disease and present state of health good. Uses tobacco moderately and continues its use during proving; no other stimulants, tea or coffee, used.

February 10 to 13, 1903. Placebo. No symptoms noted except slight headache and slight increase of pulse.

February 13 and 14. 2 discs 30th dil. every 4 hrs. No symptoms.

February 15. 2 discs 3 x. every 4 hrs. No symptoms.

February 16. 5 discs 3 x. at 7:30, 9:30 a. m.; 6 discs 3 x. at 11:30 a. m., 1:30 p. m., and every 2 hrs. till 11 p. m. At 9 p. m. decrease in amount of urine; pain in l. ear.

February 17. 10 discs 3 x. from 7:30 a. m. to 2 p. m. every hr., 3 d. ϕ at 3 and 5 p. m. Bloated feeling in abdomen after eating; discomfort in pit of stomach; inclination to vomit; gagging.

February 18. 5 d. ϕ 3 p. m.; 10 d. ϕ 9 and 11 p. m. Pain as from splinter in roof of pharynx; sensation as of something in pharynx; pulse 84 (prelim. exam. 76); skin dry; temp. 98.5; resp. 20 (prelim. exam. 18).

February 19. 20 d. ϕ 7:30 and 8:15 a. m. After taking, gas forms in stomach which is relieved by repeated eructations; numbness of extremities; tendency to vomit is marked; loss of appetite; on eating only half a meal had feeling of overloaded stomach lasting one-half hr.; dryness of anterior nares. 8:45 20d. ϕ. Scabs in nose; nose completely dry; difficulty in swallowing; skin on fingers feels and looks glossy; urine almost completely suppressed; difficult expectoration; small amount of thin, white, tenacious mucus. 9:15 a. m. 20 d. ϕ; 11 a. m. 40 d. ϕ. Cannot read; everything blurs; cannot accommodate for near objects; soreness in bowels, must walk carefully; pain in nose due to dryness; pain about r. ileum < slight pressure. 20 d. ϕ at 1 and 3 p. m. Eyes staring; painful on using; pupils dilated; bitter taste in mouth; cannot keep mind on one subject; sneezing; loss of sense of smell; unnatural taste of food; afraid to eat for fear of vomiting; no perspiration, not even under the arms; slight, diarrheic stool; urine passes slowly, cannot feel it pass; nose-bleed, blood bright red; expectoration of dark blood-clots and yellow phlegm; water did not relieve dryness in throat; food lodged in throat.

February 20. 11 a. m. probably 20 d. ϕ; prover could not tell amount. Forgetful, starts to tell a thing and forgets particulars [this forgetfulness is marked. — D.]. Weakness of knees after standing a while; stitching pains through eyeballs, backwards and forwards; eyelids feel hot and dry; stool yellow and mushy; pain on slight pressure all over abdomen: passing of a good deal of flatus; heaviness in stomach; sleep disturbed last night by dreams of nervous character; slight trembling of hands. Headache of congestive nature, with fear of a jar, which makes it worse; bad taste in mouth; sharp pain in r. iliac fossa; hemorrhoids.

March 13. [The after effect of the proving on the bowels was of obstinate constipation. — D.]

1. Mind and Nervous System

No hereditary predisposition to disease of the mind or nervous system.
Disposition mild and hopeful; no insomnia.

A. Numbness of extremities.
Cannot keep mind on one subject.
E. Forgetful; starts to tell a thing and forgets particulars.
[This forgetfulness is marked. — D.]
Sleep disturbed last night by dreams of nervous character.
Slight trembling of hands.
Headache of congested nature, with dread of jar, which makes it worse.

2. Eyes

No predisposition to, or previous, disease of eyes. Eyes practically normal in every particular upon preliminary examination.
Vision without glasses 20/20 r. and l.

A. Cannot read; everything blurs; cannot accommodate to near objects.
Eyes staring; pupils dilated.
Eyes painful on using.
E. Stitching pains through eyeballs, backwards and forwards.
Eyelids feel hot and dry.
Summary: [Margins of lids hyperemic; nerve action sluggish; lachrymal secretion decreased; pupils dilated; tension normal; conjunctiva injected; retinal vessels injected; optic disc congested; media no change; visual acuity normal; ciliary muscle paralyzed; no reflexes; color tests normal. Subjective symptoms — accommodation paralyzed, dryness, secretions lessened, photophobia, irritation as of a foreign body in eyes. — Ex.]

3. Ears

Normal in every respect.

A. Pain in l. ear.

4. Nose and Throat

No predisposition to, or previous, disease of nose or throat.
On examination nose and pharynx slightly catarrhal, with secretion of glairy, transparent mucus; inferior turbinated bodies hypertrophied, middle normal; larynx normal in every respect.

A. Pain as from splinter in roof of pharynx.
Sensation as of something in pharynx.
E. Dryness of anterior nares; scabs in nose; nose completely dry; pain in nose due to dryness.
Difficulty in swallowing.
Difficult expectoration of thin, white mucus in small amounts.
Sneezing.
Loss of sense of smell.
Nosebleed, blood bright red.
Expectoration of dark blood-clots and yellow phlegm.
Summary of changes induced during proving: [Mucous membrane of nose congested and dry; both inferior and middle turbinated bodies inflamed; tissues about vomer, posteriorly, naso-pharynx, and Eustachian prominences inflamed, with lessened secretion. Inflammation of tonsils, oro-pharynx and soft palate; glosso-epiglottic fossa inflamed, but larynx otherwise unaffected; secretions generally decreased and mucus more tenacious. These changes were not due to a cold or to altered atmospheric conditions. — Ex.]

6. Circulatory System

C. Pulse increased, without rise in temperature.

7. Alimentary System

A. Bloated feeling in abdomen after eating.
Discomfort in pit of stomach.
Inclination to vomit[2]; gagging; afraid to eat for fear of vomiting.
C. After taking drug, gas forms on stomach, which is > by repeated eructations.
On eating only half a meal had feeling of overloaded stomach, lasting ½ hr.
Loss of appetite.
Difficulty in swallowing.
Soreness in bowels, must walk carefully.
Pain about r. ileum, < slight pressure.
Bitter taste in mouth.
Unnatural taste to food.
Water did not relieve dryness in throat.
Food lodged in throat.
Slight diarrheic stool.
E. Stool yellow and mushy.
Pain on slight pressure all over abdomen.
Passing of much flatus.
Bad taste in mouth.
Sharp pain in r. iliac fossa.

Hemorrhoids.
[Three weeks later. The after effect of the proving on the bowels was an obstinate constipation. — D.]

8. Genito-Urinary System

E. Urine almost completely suppressed.
Urine passes slowly, cannot feel it pass.

9. Urine

Decrease in amount of urine.

10. Blood

SUMMARY OF EXAMINATIONS

Color darkened; flow less rapid; coagulation unchanged; number red discs markedly decreased; number white discs decreased.

11. Bones and Muscular System

E. Weakness in knees after standing awhile.
Slight trembling of hands.

12. Skin

A. Skin dry.
E. Skin on fingers feels and looks glossy.
No perspiration, not even under the arms.

14. General Systemic Conditions

Sleep disturbed.

XXXVI. Mr. H. L. R. of Iowa City, Ia.: medical student; age 19; American parentage; male; single; height 5 ft. 7 in.; weight 136 lbs.; skin ruddy; eyes blue; hair brown; temperament active and nervous; constitution good; no predisposition to disease; no previous sicknesses of moment except pemphigus; slight catarrhal tendency, but subject to no other disturbances of health; present state of health good; uses no tobacco, beer, or other alcoholic stimulants, tea or coffee.

February 10 to 13, 1903. Placebo. No symptoms.
February 13 to 16. 4 discs 30th dil. every 4 hrs. No symptoms.
February 16. 2 d. 3 x. every 2 hrs. No symptoms.

February 17. 2 d. 3 x. every 2 hrs. till 2 p. m; 4 d. ϕ at 4 and 5 p. m.; 5 d. ϕ at 6, 7, 8, 9, and 11 p. m. No symptoms recorded.

February 18. 6 d. ϕ at 7 a. m., 8 d. at 8 a. m. Throat very dry also mouth, but not so marked as the throat; throat so dry can swallow only with difficulty; examination revealed marked reddening and inflammation of pharynx; skin dry and leathery, face flushed and dry; 10 d. ϕ at 9, 10, 11 a. m., 12 m., 1, 2, 3, 4, 5, and 6 p. m.; 20 d. ϕ at 7:45, 8:45, 9:30 p. m.; 22 d. ϕ at 10:30 p. m.

February 19. 25 d. ϕ at 7, 8, 9:30 a.m. (Symptoms recorded in sequence, but without reference to days and hrs.) Abdomen very much distended; tympanites; a distressing pain in abdomen somewhat > passing flatus; throat parched, dry, feels as if it were all shriveled up; edges and tip of tongue coated red; skin dry, red, and scaly; skin feels as if chapped; skin of face, forearms and hands quite red and very dry; skin feels harsh to hand as it passes over it; brownish stools containing some undigested matter, lighter color than usual, soft, pulpy consistency; urine yellow, but clear; voiding seems to require a good deal of urging, seems to be an inertia of bladder; urine passed slowly in fine stream, which stops, and is soon followed by more. Upon rising from sitting or lying posture, legs seem weak as though they would not hold up the body, but this sensation soon passes off; slight vertigo on rising from sitting posture; pupils much dilated; photophobia; loss of vision for near objects, but those at distance —3 ft. or more — fairly clear; throat and pharynx very dry; expectoration almost impossible; swallowing very difficult on account of dryness of throat; after eating anything sweet the taste remains a long time in the mouth, even 2 or 3 hrs.; desires frequent sips of water on account of dryness of throat; water does not relieve dryness of throat; sour eructations after supper; pulse somewhat irregular; even palms of hands are red; urine passed frequently in small quantities; burning sensation in meatus when first starting; rumbling in abdomen; symptoms seem to be < in forenoon; slight nosebleed, with blood rather darker and thicker than normal; pain in precordial region just before eating; sensation of pressure under sternum.

1. Mind and Nervous System

No tendency to disease of mind or nervous system. No vertigo.

A. Upon rising from sitting or lying posture, legs seem weak and as though they would not hold up the body, but this sensation soon passes off.

Slight vertigo upon rising from sitting posture.

2. Eyes

No predisposition to, or previous, disease of eyes. Eyes practically normal in all respects except vision 20/30 r. and l., which is corrected by glasses.

A. Pupils much dilated.
Photophobia.
Loss of vision for near objects, but those at distance (3 ft. or more) fairly clear.

E. Summary of Examinations: [Margin of lids slightly hyperemic; nervous action of lids normal; lachrymal secretion decreased; pupils dilated and do not react; tension normal; conjunctival vessels injected; retinal vessels injected; optic disc hyperemic; media no change; visual acuity no change; ciliary muscle paralyzed; no reflexes; color tests normal. — Ex.]

4. Nose and Throat

No hereditary predisposition to disease of nose and throat and no previous disease except some catarrhal trouble. Upper air passages all more or less catarrhal upon preliminary examination, but condition of glosso-epiglottic fossa and epiglottis good and that of the aryteno-epiglottic fold, ventricular bands and vocal bands normal. Action of muscles concerned in movement of vocal bands normal.

A. Throat very dry, also mouth, but not as marked as throat. [Examination reveals marked reddening and inflammation of pharynx. — Ex.]

E. Throat parched, dry, feels as if it were all shriveled up.
Expectoration almost impossible.
Desires frequent sips of water on account of dryness of throat; water does not > dryness of throat.
Slight nosebleed, with blood rather darker and thicker than normal.

Summary of Examinations: [Mucous membrane of upper-air passages exhibited great dryness, with increased congestion; secretions diminished; thin layer of tenacious mucus on membranes; the glosso-epiglottic fossa, epiglottis, aryteno-epiglottic fold, ventricular bands, vocal bands, and visible portion of trachea all became slightly congested; the action of muscles concerning movement of vocal bands remained normal; the voice became slightly harsher, but there was no cough; lymphatic glands about neck were not affected; changes noted are not due to altered atmospheric conditions or to a cold. — Ex.]

5. Respiratory System

Condition of chest normal upon preliminary examination.

A. Pain in precordial region just before eating.
Sensation of pressure under sternum.

6. Circulatory System

Heart and pulse normal on preliminary examination.

A. Pulse somewhat irregular.
Pain in precordial region just before eating.

7. Alimentary System

A. Throat very dry, also mouth, but not so marked as throat.
Throat so dry can swallow only with difficulty.
E. Abdomen very much distended; tympanites.
Distressing pain in abdomen, somewhat > passing flatus.
Throat parched, dry, and feels as if it were all shriveled up.
Edges and tip of tongue coated red.
Brownish stools containing some undigested matter, lighter in color than usual, of soft, pulpy consistency.
Swallowing very difficult on account of dryness of throat.
After eating sweets, the taste remains a long time in the mouth, even 2 or 3 hrs.
Desires frequent sips of water on account of dryness of throat.
Water does not relieve dryness of throat.
Sour eructations after supper.
Rumbling in abdomen.

8. Genito-Urinary System

A. Voiding urine seems to require a good deal of urging from inertia of bladder.
Urine passed slowly in fine stream, which stops and is soon followed by more.
Urine passed frequently in small quantities, yellow but clear.
Burning sensation at meatus when first starting urine.

11. Bones and Muscular System

A. Upon rising from sitting or lying posture, legs seem weak as though they would not hold up the body, but this sensation soon passes off.

12. Skin

No previous skin affections except pemphigus; present condition as to dryness, roughness, etc., good.

A. Skin dry and leathery.
Face flushed and dry.
E. Skin dry, red, and scaly.
Skin feels as if chapped.

Skin of face, forearms, and hands quite red and very dry.
Skin feels harsh to hand as it passes over it.
Even palms of hands are red.

XXXVII. Mr. F. R. L. of Iowa City, Ia.: medical student; age 23; American parentage; male; single; height 5 ft. 11 in.; weight 160 lbs.; color skin medium; eyes gray; hair brown; nervous temperament; rugged constitution; maternal grandmother had tuberculosis; no other predisposition to disease; no previous sicknesses or accidents of moment, except pneumonia at age of five, which left him with slight deformity of chest; not subject to disturbances of health of any sort whatever; present state of health good. Smokes moderately; uses no beer or alcoholic stimulants, and only occasionally tea or coffee. No change in these habits during proving.

February 10 to 13, 1903. Placebo. No symptoms.
February 13 to 15. 3 discs 30th dil. every 4 hrs. No symptoms.
February 15 to 17. 4 discs 3 x. every 2 hrs. No symptoms.
February 17. 10 d. ϕ at 4 p. m.; 15 d. ϕ at 5 p. m.; 6 d. ϕ at 6 p. m. Soon after 3rd dose, fingers felt as if covered with dry, egg-albumin, and were as smooth as ivory; dropped fountain pen; it slipped from his fingers when he took it out of his pocket.
February 18. 15 d. ϕ at 8 a. m.; 12 d. ϕ. at 9 a. m.; 15 d. ϕ at 10 a. m., and noon; 20 d. ϕ at 4 and at 6 p. m.; 25 d. ϕ. at 7 p. m.; 35 d. ϕ at 8 p. m. Eyesight became so poor could not see to write down doses; dry, sore throat $<$ swallowing; dryness $>$ few seconds only by sip of water; nose and mouth also very dry; thick, stringy mucus in throat raised with great difficulty; cannot read because letters blur; pupils dilated; eructations H_2S gas; almost entire absence of saliva in mouth; mouth sticky; tongue sticks to roof of mouth, hard to articulate words for this reason; great dryness of throat not relieved by drinking; food lodged in throat; urine expelled with great difficulty, it flowed intermittently and without force; urine decreased about 1 pt. in 24 hrs.
February 19. Awakened in night with colic and extreme tympanitis; shooting, griping pains extending from umbilicus down to pubes, each pain increasing in severity; stool hard and dry, dark brown, passed in chunks and with straining; abdomen sensitive to pressure; heaviness in pit of stomach, which felt better from throwing shoulders forward; by putting finger down throat to relieve nausea, undigested food was vomited, which had been eaten 6 hrs. before. To-day lips dry and rough; can read only a line or two by constantly changing the focus; while trying to read a letter it seemed to be covered with yellow spots about the size of a pin-head.
February 20. Restless and turning all night, dreaming whenever dropping asleep; skin on forehead dry and hard like leather.

1. Mind and Nervous System

A good sleeper previous to the proving.

A. Restless and turning all night.
Dreaming whenever dropping to sleep.

2. Eyes

No predisposition to, or previous, disease of the eyes. Eyes practically normal in every particular. Vision, without glasses, 20/20 r. and l. No errors of refraction.

A. Eyesight became so poor he could not see to write down doses.
Cannot read because letters blur.
Pupils dilated.
E. Can only read a line or two by constantly changing the focus.
While trying to read a letter it seemed to be covered with yellow spots about the size of a pin-head.
Summary of Examinations: [Margins of lids became hyperemic; nervous action of lids remained normal; lachrymal secretion decreased; pupils dilated; tension no change; conjunctival circulation congested; retinal vessels dilated; optic discs congested; media no change; visual acuity normal; ciliary muscle paralyzed; muscle balance normal; no reflexes; color tests normal. — Ex.]

4. Nose and Throat

No predisposition to, or previous, disease of the nose and throat. Mucous membranes of nose normal; slight enlargement of inferior turbinated bodies; middle turbinated bodies normal; naso-pharynx normal; no redness of Eustachian prominences, oro-pharynx, soft palate, and faucial pillars normal; glosso-epiglottic fossa very slightly catarrhal; epiglottis, aryteno-epiglottic fold, ventricular bands, vocal bands, and visible portion of trachea all normal; action of muscles concerned in movement of vocal bands normal.

A. Dry, sore throat, < swallowing, > few seconds only by a sip of water.
Nose and mouth very dry.
Thick, stringy mucus in throat raised with great difficulty.
Almost entire absence of saliva in mouth.
Mouth sticky; tongue sticks to roof of mouth, hard to articulate words for this reason.
E. Summary of effects observed upon examination: [Mucous membrane of nose congested and dry; inferior turbinated

bodies congested and slightly larger than on preliminary examination; middle turbinated bodies congested; naso-pharynx congested and dry although with thick, mucous secretions; Eustachian prominences inflamed; oro-pharynx and soft palate dry and inflamed; granular appearance of pharynx, with little elevated masses much congested; a thin layer of congested mucus over posterior wall of pharynx; faucial tonsils dry and congested without soreness; glosso-epiglottic fossa, epiglottis, aryteno-epiglottic fold and ventricular bands all congested; vocal bands hyperemic; action of muscles concerned in movement of vocal bands unaffected; no cough; slight desire to clear throat; lymphatic glands about the neck not affected; changes due neither to altered atmospheric conditions nor to a cold. — Ex.]

7. Alimentary System

A. Dry sore throat, < swallowing, dryness > a few seconds only by sip of water.
Mouth very dry; almost entire absence of saliva in mouth.
Mouth sticky; tongue sticks to roof of mouth.
Eructations of H_2S gas.
Great dryness of throat, not > by drinking.
Food lodged in throat.

E. Awakened in night with colic and extreme tympanitis.
Shooting, griping pains extending from umbilicus down to pubes, each pain increasing in severity.
Stool hard and dry, dark brown, passed in chunks and with straining.
Abdomen sensitive to pressure.
Heaviness in pit of stomach, which felt better from throwing shoulders forward.
By putting finger down throat to relieve nausea, undigested food was vomited, which had been eaten 6 hrs. before.
Lips dry and rough.

8. Genito-Urinary System

E. Urine expelled with great difficulty.
Urine flowed intermittently and without force.

9. Urine

Urine decreased about 1 pt. in 24 hrs.

10. Blood

SUMMARY OF EXAMINATIONS

Color darkened; flow retarded; coagulation unaltered in speed; consistency thickened; percent. hemoglobin slightly les-

sened; number red discs per cu. mm. markedly increased; ratio of reds to leucocytes diminished.

12. Skin

Skin normal in every respect upon preliminary examination.

A. Fingers felt as if covered with dry, egg-albumin, and were as smooth as ivory.
Dropped fountain pen because fingers were so dry and smooth it slipped from them when he took it out of his pocket.
E. Skin on forehead dry and hard like leather.

14. General Systemic Conditions

Restless and turning all night.

XXXVIII. Mr. F. H. H. of Iowa City, Ia.: medical student; age 24; American parentage; male; single; height 5 ft. 8 in.; weight 156 lbs.; skin fair; eyes blue; hair red; temperament sanguine; constitution rugged; predisposed to melancholia; no previous sicknesses of moment; subject to no disturbances whatever of health, and present state of health good. Smokes in moderation and uses coffee, but no other stimulants; no change in this respect during proving. Engaged in night work.

February 10 to afternoon of February 12, 1903. Placebo. No symptoms. Amount of urine carefully measured and recorded.
February 12. 5 d. 30th dil. at 6:30 and 10:30 a. m. No symptoms.
February 13. 5 d. 30th dil. 2:30 and 8 a. m., 12 m., 1:20 and 3:30 p. m. Considerable variation in amount of urine as before proving.
February 14. 5 d. 30th dil. 7:30 p. m. In a. m. and p. m. soreness of throat.
February 15. 5 d. 30th dil. 12:20 a. m., 4:20, and 8:20 p. m. Urine still variable in amount and color; color in p. m. pale yellow (14 oz.).
February 16. 5 d. 30th dil. 12:20 a. m.; 5 d. 3 x. 8:20, 9:20, 10:20 and 11 a. m. Frontal headache; urine still variable and of very peculiar odor.
February 17. 6 d. 3 x. every hr. Urine at noon to-day scanty, color very dark brown (5 oz.).
February 18. 10 d. ϕ every 2 hrs. after 11 a. m.; 10 p. m. eyes trouble him; heavy pain in abdomen; food does not taste natural; water has a very peculiar taste; pupils very much dilated.
February 19. Same dosage continued, presumably, through February 22, but no accurate record was kept; (19th) stool in small dry balls, like sheep's dung; bleeding from nose; distress in abdomen continues; food still tasteless.

February 20. [Pain and trouble in reading; pupils very much dilated; could n't see to read; lids hyperemic; action sluggish; lachrymal secretion diminished; ocular conjunctiva hyperemic, palpebral conjunctiva inflamed; could not read diamond type; fundus hyperemic, optic disc hyperemic; ciliary muscle paralyzed. — Ex.]

February 21. Stool at noon small and hard to pass.

February 22. Still distress in abdomen after rising and for a few hours following; throbbing, frontal headache; peculiar, indescribable odor of urine, quantity not noted. [Examiners and classmates report that he was delirious a great deal of the time this p. m. and evening. — D.]

February 23. Stopped medicine, stating that he was feeling too badly to continue it; frontal headache in afternoon, which continued to increase in evening.

1. Mind and Nervous System

No hereditary predisposition to disease of the mind or nervous system except perhaps to melancholia.

A. Frontal headache.

E. Throbbing, frontal headache in p. m., which continued to increase in evening.

[Examiners and classmates report that he was delirious a great deal of the time this p. m. and evening (Feb. 22). — D.]

2. Eyes

No predisposition to, or previous, disease of eyes. Upon preliminary examination eyes found normal in every particular except palpebral conjunctiva slightly catarrhal. Vision without glasses 20/20 r. and l. Near point for diamond type 8 in. r. and l.

Summary: [Lids became hyperemic and action sluggish; lachrymal secretion diminished; pupils dilated; tension normal; ocular conjunctiva hyperemic; palpebral conjunctiva inflamed; fundus hyperemic; optic disc hyperemic; media normal; visual acuity normal; ciliary muscle paralyzed; color tests normal; no reflexes. — Ex.]

4. Nose and Throat

No hereditary predisposition to, or previous, disease of the nose or throat; with the exception of a slight muco-purulent discharge in the nasal passage and a slightly catarrhal condition of the faucial pillars, all parts of the nose and throat were found absolutely normal; there was no cough and no desire to clear the throat.

There was developed during the proving and recorded by the special examiner congestion of both turbinated bodies, and slight

hypertrophy of the inferior bodies, also congestion about the vomer posteriorly, the mucous membrane of the naso-pharynx, the Eustachian prominences, the pharyngeal tonsil, a congested and granular appearance of the oro-pharynx, congestion of the soft palate, redness and congestion of the faucial tonsils, but without pain, congestion of the glosso-epiglottic fossa, redness of the epiglottis, congestion of the aryteno-epiglottic fold and ventricular bands, and hyperemia of the vocal bands. The action of muscles concerned in movements of vocal bands was not affected, the voice remained unchanged and there was no cough, but slight desire to clear the throat. The secretions of the parts were diminished and mucus became tenacious and very difficult to dislodge. Lymphatic glands about the neck were not affected, and none of the changes noted could be caused by altered atmospheric conditions, or be due to a cold.

A. Soreness of throat.
C. Bleeding from nose.

7. Alimentary System

A. Heavy pain in abdomen [5] after rising and for a few hrs. following.
Food seems tasteless and unnatural [2].
Water has a very peculiar taste.
B. Stool in small, hard balls like sheep's dung.
D. Stool at noon small and hard to pass.

9. Urine

Urine very variable in amount and in color, but this was the case while under placebo. A peculiar, indescribable odor was developed.

10. Blood

SUMMARY OF EXAMINATIONS

Percent. of hemoglobin increased; number of red discs per cu. mm. increased.

XXXIX. Mr. C. E. L. of Iowa City, Ia: medical student; age 28; American-French parentage; male; single; height 5 ft. 9 in.; weight 150 lbs.; skin light; eyes gray; hair brown; active, nervous temperament and good constitution; mother of nervous temperament; aside from this, no hereditary predisposition to disease and no previous sicknesses of moment; subject to no disturbances of health whatever; present state

of health good. Smokes at times and drinks an occasional glass of beer; no other stimulants, tea or coffee. No change in this respect during proving.

February 10 to 11, 1903. Placebo. No symptoms.
February 12 to 13. 5 discs, 30th dil. every 4 hrs. No symptoms.
February 13 to 18. No medicine. No symptoms.
February 18. 5 d. ϕ every 2 hrs. No symptoms.
February 19. 5 d. ϕ 2 hrs. during day. Woke with very dry mouth and throat; tonsils felt swollen; head felt too hot.
February 20. 10 d. ϕ every hr. for 10 doses. Numbness of r. arm and hand; marked trembling of limbs; throat felt congested; swallowing was difficult; expectoration thick and tenacious; pupils dilated; face flushed; pulse rapid and full, 100 to 120 (74 on prelim. exam.).
February 21. 15 d. ϕ every hr. for 4 doses; at noon marked vertigo, so that he refused to take more medicine; delirious; talked a great deal during latter part of afternoon and evening, so that he did not record any symptoms or see examiners. [The delirium and talking were reported by his room-mate, who also reported the face to be flushed almost scarlet, and the pupils so dilated he could not see. — D.] Sleep during the night of the 21st was heavy.
February 22. 8 a.m. 20 d. ϕ, followed by 3 more doses — 20 d. each during forenoon. Throat very irritated; eyelids dry and move sluggishly; marked conjunctivitis; ciliary muscle paralyzed; all the blood vessels of the eye congested; ropish secretion in mouth and throat; numbness of shoulder, arm, and hand seemed <; urine became darker in color and the quantity lessened a half pint.

1. Mind and Nervous System

No hereditary predisposition to, or previous, disease of the mind or nervous system. Natural disposition even and unimaginative; emotions under good control and not easily excited; never subject to vertigo; sleep good, without dreams.

A. Head felt too hot.
Numbness of r. shoulder, arm, and hand[3].
Marked trembling of hands.
C. Marked vertigo so that he refuses to take more of the drug.
Delirious, so that he did not record any symptoms or see examiners, but talked a great deal during latter part of p.m. and evening, followed by heavy sleep during night. [The delirium and talking were reported by his room-mate, who also reported the face to be flushed almost scarlet. — D.]

2. Eyes

A. Pupils dilated.
C. Pupils so dilated he could not see.
E. [Eyelids dry and moved sluggishly; marked conjunctivitis; ciliary muscle paralyzed; all blood vessels of eyes congested. — Ex.]

4. Nose and Throat

No predisposition to, or previous, disease of nose or throat.
Condition of mucous surfaces normal, and entire absence of abnormal secretions.

A. Awoke with very dry mouth and throat.
Tonsils felt swollen.
C. Throat felt congested.
Swallowing was difficult.
Expectoration thick and tenacious.
E. Throat very irritated.
Ropish secretion in mouth and throat.

6. Circulatory System

Heart and pulse normal in every respect upon preliminary examination. Pulse rate 74.

A. Head felt too hot.
C. Pulse 100 to 120, rapid and full.
Face flushed.
E. Face flushed almost scarlet.

7. Alimentary System

A. Awoke with very dry mouth and throat.
C. Swallowing difficult.
Expectoration thick and tenacious.
E. Ropish secretion in mouth and throat.

9. Urine

Urine became darker in color and quantity lessened a half pint.

11. Bones and Muscular System

A. Marked trembling of limbs.

14. General Systemic Conditions

Sleep heavy.

XL. Dr. E. P. R. of Boston: physician; age 29; American parentage; male; married; height 6 ft.; weight 175 lbs.; skin dark; eyes hazel; hair brown; temperament sanguine; constitution strong; no hereditary predisposition to disease, or previous sicknesses of moment; has some postnasal catarrh; slight indigestion; is subject to no other disturbances of health, of any sort; uses no tobacco or stimulants of any kind, except one cup of coffee in a. m., which is not discontinued during proving.

March 29, 1902. 5 d. 2 x. dil. at 8 p. m.
March 30. 5 d. 2 x. at 8 a. m., 1 and 8 p. m.
March 31. 5 d. 2 x. at 8 a. m. No symptoms.
April 1. 10 d. 2 x. at 8 p. m. No symptons.
April 2. 10 d. 2 x. at 8 a. m., 12 m., and 4. p. m. No symptoms.
April 3. 10 d. 2 x. as above. No symptoms.
April 4. 10 d. 2 x. as above. No symptoms.
April 5. 10 d. ϕ at 4 and 8 p. m. Late in evening, sneezing, with tickling in nose, followed by sense of dryness in nose, mouth, lips, pharynx, and larynx; dull, heavy, frontal headache extending to occiput.
April 6. 10 d. ϕ at 8 a. m., 12 m. and 4 and 8 p. m. Dryness of nose and throat continues as yesterday; same frontal headache with occipital headache less severe than frontal; drowsiness; eyelids feel heavy; sensation of heat in hands, which feel hot to others; very large, soft stool, with slight abdominal pain; sensation of fulness in throat extending to ears on both sides alike.
April 7. 10 d. ϕ at 9 a. m. and 12 m. Headache continues in frontal and occipital region; copious movement of bowels, softer than usual, preceded by pain over whole abdomen; mouth and lips continue dry; had to clear throat frequently all day, but voice not hoarse; feels drowsy; same sense of fulness in throat extending to ears, without tinnitus, autophony or objective symptoms. [Marked sensation of dryness in nose, mouth, throat, and lips; desire to swallow because of dryness; sensitiveness of nose, with frequent sneezing. Examination shows no change corresponding to these subjective symptoms; if anything, the mucous membrane has a more normal appearance than on prelim. exam. (postnasal catarrh then noted). — Ex.]
April 8. No drug. In a. m. pain in abdomen; in p. m. diarrhea coming on suddenly, with large, watery movement (without urging, preceded by gas and considerable pain) which gave immediate relief and was not repeated.
April 9. 15 d. ϕ at 4 and 8 p. m. In a. m. pain in abdomen; sighing, which seemed to be out of the ordinary, was present through the day; it seemed as though the lungs would cease acting and he would have "to start them up" with some effort; this condition became most marked toward night, with slow heart beat, pulse being 56 (sitting) and 78 immediately after rising (pulse on prelim. exam. 71). In evening, sense of pressure on chest,

behind sternum, with tendency to sigh that he might get more air.

April 10. 20 d. ϕ morning, noon, and night. Desire to sigh continues as yesterday; pain in abdomen in a. m.; less dryness of nose and throat. [Small, red, bean-sized, macular spot appeared at end of nose, l. side, with soreness and slight pain and swelling. — Ex.]

April 11. No drug. Some abdominal pain before stool, which was flatulent; while reading small print, letters looked double and blurred for 3 or 4 hrs.

April 12. 30 d. ϕ at 11:15 a. m., 3, 4:30, and 8:30 p. m. At 3 p. m. same headache as on the 5th; dull, heavy, constant pain in frontal region, passing to occiput; sensation of tight band around head; mucosa of nose, mouth, and pharynx dry and parched, without thirst; difficult to swallow food on account of dryness in mouth and throat; lips dry; sneezed hard several times, after walking; somewhat hoarse; raw, scraped sensation in throat; 5 p. m. slight faintness and sensation of unsteadiness, < on rising from sitting posture; blurring of vision; headache <; pulse increased in rapidity to 80; heart's action regular, but every 2d or 3rd beat of radial pulse was much stronger; there was more than the ordinary difference in pulse rate when standing after sitting position; at night, darting pains in r. wrist and shoulder; same abdominal pain, > by flatulent stool.

April 13. 30 d. ϕ at 8 a. m., 12 m., and 4 and 8 p. m. Dull, heavy ache in frontal and occipital regions continues; heaviness of eyes; in p. m. vision so blurred that reading was impossible when using both eyes, but could read by shutting either eye and using the other; no diplopia; dryness of nose and throat continues, still without thirst; mouth so very dry that talking was difficult; dryness of the larynx, with hoarseness; slight pains in r. wrist and shoulder continue; no palpitation, but upon rising felt faint and a little unsteady; some prostration, < in p. m. and general weakness, < in hands; toward night, restlessness; surface of body and hands felt abnormally warm, even to touch of others; in genito-urinary system notes lessened morning erections, and a much slower emptying of the bladder; abdominal pain, > by stool, with considerable gas; during p. m. and evening, sensation of fulness, confined to r. ear, without tinnitus, pain or autophony, but could hear his own breathing.

April 14. No drug. Sleep last night restless, due in part to heat of skin and desire to get cool place in bed; felt sense of heat all day although weather was somewhat cool; hands felt hot; when awake last night, also this a. m., same sense of fulness in r. ear, with sound of his own breathing, but without autophony; soreness and tenderness when pressing tragus against meatus, the tenderness being rather in deeper portion of canal than in tragus; no itching, burning, or throbbing in the canal; eye symptoms continue, with blurred vision gradually growing better in p. m.; dryness of mouth and throat continues; hoarseness last night; feeling of prostration lasted a good part of day. [Tremor of hands; fatigue and faintness after slight exertion; slight, fibril-

lary twitching in l. thigh; dull, heavy headache extending from forehead around head; reflexes unchanged. — Ex.] [Increased dryness and redness of naso-pharynx apparent upon examination. — Ex.] [Pulse weak, slower when sitting, inhibition less marked; marked dichrotism. (See tracing, Plate II, Fig. 2). — Phys. Ex.]

April 15. 40 d. ϕ at 9:30 a. m., 35 d. ϕ at 11 a. m. and 2 p. m., and then drug discontinued. Dryness of nose and throat continues; prostration continues; blurred vision and, toward night, eyes showed conjunctival congestion and felt heavy; headache continued as before, but towards night pain became more severe in occipital than in frontal region (reverse of 1st day); in p. m. and evening a peculiar nervousness appeared, referred particularly to legs and feet, to relieve which he kept constantly walking; became so restless he could not sit still for 2 min.; all symptoms relating to the ear have disappeared. [Pulse weaker than normal and much faster; very marked primary crest, not sustained, followed by strong dichrotic wave. (See Plate II, Fig. 3.) — Phys. Ex.]

1. Mind and Nervous System

A. Dull [3], heavy [3] frontal headache [6] extending to occiput [6]. (At beginning of proving, pain worse in frontal region, but at end of proving it became worse in occiput.)
Drowsiness [2].
Eyelids feel heavy.

D. Sensation of band around head.
Slight faintness and sensation of unsteadiness, < on rising from sitting posture.
At night, darting pains in r. wrist [2] and shoulder [2].
Prostration [3], < in p. m.
General weakness, < in hands.
Toward night, restlessness.

E. Sleep restless.
Fatigue and faintness after slight exertion.
Dull, heavy headache extending from forehead around head.
[Tremor of hands; slight, fibrillary twitching in l. thigh; reflexes unchanged. — Ex.]
In p. m. and evening a peculiar nervousness appeared, referred particularly to legs and feet, to relieve which he kept constantly walking; became so restless he could not sit still for two minutes.

2. Eyes

A. Eyelids feel heavy.

C. While reading small print, letters looked double and blurred for 3 or 4 hours.

D. Blurring of vision [3].
Heaviness of eyes.

In p. m. vision so blurred that reading was impossible when using both eyes, but could read while using one eye and closing the other; no diplopia.

E. Toward night eyes showed conjunctival congestion and looked heavy.

Summary of Examinations: [Circulation: conjunctival and retinal, slightly hyperemic.
Visual acuity: reduced.
Ciliary muscles: relaxed; P. P. removed 6 mm.; amplitude reduced.
Muscle balance: increased adduction. — Ex.]

3. Ears

A. Sensation of fulness in throat extending to both ears alike [2], without tinnitus, autophony, or objective symptoms [2].

D. During p. m. and evening sensation of fulness confined to r. ear [2], without tinnitus, autophony, or pain [2], but could hear his own breathing [2]. (The same condition noted during night when awake, and on following morning.)

E. Soreness and tenderness when pressing tragus into meatus, the tenderness being rather in deeper portion of canal than in tragus, without burning, itching, or throbbing in the canal.

Summary of Examinations: [Tympanic membranes: unusual and very rapid dilation of blood-vessels above Shrapnell's membrane upon both sides, following traction upon the auricles.
Hearing power for mechanical sounds, watch: more acute r. and l.
Hearing power for vocal sounds: more acute.
Perception of musical tones of varied pitch: unchanged.
Lower limit of tone perception: unchanged.
Upper limit of tone perception: slightly lowered.
Perception of sound by bone conduction: diminished r. and l. — Ex.]

4. Nose and Throat

A. Sneezing [2] with tickling in nose, followed by a sense of dryness in nose [6], lips [2], mouth [2], pharynx [2], and larynx [2].
Sensation of fulness in throat [2] extending to both sides alike [2], later extending to ears.

B. Had to clear throat frequently all day, but voice not hoarse.
[Marked sensation of dryness in nose, mouth, throat, and lips; sensitiveness of nose, with frequent sneezing; examination shows no change corresponding to these subjective symptoms, if anything the mucous membrane has a more normal

appearance than on preliminary examination (postnasal catarrh then noted). — Ex.]

D. Mucosa of nose, mouth, and pharynx dry and parched, without thirst.

Somewhat hoarse.

Raw, scraped sensation in throat.

E. Mouth so very dry that talking was difficult.

Dryness of larynx with hoarseness.

[Increased dryness and redness of naso-pharynx apparent upon examination. — Ex.]

Summary of Examinations: [Early in proving nose and throat presented a more normal appearance than on preliminary examination (postnasal catarrh noted), but a week later marked increase of dryness and redness of naso-pharynx became apparent. — Ex.]

[Sense of smell unchanged. — Phys. Ex.]

5. Respiratory System

A. Had to clear throat frequently all day, but voice not hoarse.

B. Sighing, which seemed to be out of the ordinary, was present throughout day [2]; it seemed as though the lungs would cease acting and he "would have to start them up" with some effort; this condition became most marked towards night, with slow heart beat; in evening, sense of pressure on chest behind sternum, with tendency to sigh that he might get more air [2].

D. Somewhat hoarse [2].

E. Dryness of larynx, with hoarseness.

Summary of Examinations: [Respiration slower, otherwise unchanged. — Phys. Ex.]

6. Circulatory System

A. Sensation of heat in hands [2], which felt hot to others.

B. Slow heart beat, pulse being 56, sitting, and 78 immediately after rising (pulse on prelim. exam. 71). (See tracing, Plate II, Fig. 1.)

D. Pulse increased in rapidity to 80; heart's action regular, but every second or third beat of radial pulse was much stronger; there was much more than the ordinary difference in the pulse rate when standing after sitting position.

Surface of body and hands felt abnormally warm, even to touch of others.

E. Heat of skin, and desire to get cool place in bed, caused restless sleep.

Felt sense of heat all day, although weather was somewhat cool.

Summary of Examinations: [Pulse weak, slower when sitting, inhibition less marked; marked dichrotism. (See Plate II, Fig. 2). — Phys. Ex.]

[Following day. Pulse weaker than normal and much faster; very marked primary crest, not sustained, followed by strong dichrotic wave. (See Plate II, Fig. 3.) — Phys. Ex.]

7. Alimentary System

A. Sense of dryness in mouth [3], lips [2], and pharynx [5].
Very large, soft stool, with slignt abdominal pain.

B. Copious movement of bowels, softer than usual, preceded by pain over whole abdomen.
Desire to swallow because of dryness of mouth.
During forenoon pain in abdomen [3].
In p. m. diarrhea coming on suddenly, with large, watery movement, without urging, preceded by gas and considerable pain, to which immediate relief was afforded.

D. Flatulent stool, preceded by abdominal pain.
Mouth and pharynx dry and parched without thirst [2].
Difficult to swallow food on account of dryness of mouth and throat.
Abdominal pain [2] > by flatulent stool [2].
[Taste for sweet was abolished, all solutions tasted "like water," (good in preliminary test); taste for sour and bitter unchanged. — Phys. Ex.]

8. Genito-Urinary System

A. Lessened morning erections, and a much slower emptying of the bladder.

9. Urine

SUMMARY OF ANALYSES

[The only marked change was a decided increase in mucus. — Ex.]

10. Blood

SUMMARY OF ANALYSES

Rapidity of flow: retarded.
Coagulation: slightly retarded.
Percent. of hemoglobin: slightly increased.
Blood platelets (or plaques): increased to some extent.
Ratio of reds to leucocytes: markedly diminished (500 to 1, to 250 to 1).

11. Bones and Muscular System

A. General weakness, < in hands.
C. Fatigue and faintness after slight exertion.
[Tremor of hands; slight, fibrillary twitching in l. thigh. — Ex.]
E. In p. m. and evening, a peculiar nervousness appeared, referred particularly to legs and feet, to relieve which he kept constantly walking; became so restless he could not sit still for two minutes.

12. Skin

A. Sensation of heat in hands [2], which felt hot to others.
C. [Small, red, bean-sized, macular spot appeared at end of nose, l. side, with soreness and slight pain and swelling. — Ex.]
E. Surface of body and hands felt abnormally warm, even to touch of others.
Heat of skin caused restless sleep.

13. Tissue Changes

Small, red, bean-sized, macular spot appeared at end of nose, l. side, with soreness, slight pain, and swelling.

14. General Systemic Conditions

Drowsiness [2].
Prostration [3], < p. m.
General weakness, < in hands.
Fatigue and faintness after slight exertion.
Sense of heat all day, although weather was somewhat cool.
Restlessness [2], < towards night, > by constant walking.
Restless sleep.

XLI. Dr. S. N. M. of Boston: physician; age 57; Nova Scotian parentage; widow; 2 children; height 5 ft. 2 in.; weight 120 lbs.; skin dark; eyes brown; hair brown; temperament nervous; constitution strong; no hereditary predisposition to disease; no previous sickness of any moment except typhoid pneumonia; not subject to any disturbance of health whatever, except occasional dietetic headaches; present state of health good; drinks tea, but discontinues this during proving.

March 25 to 31, 1902. 5 d. placebo 3 times a day. No symptoms noted.
March 31 to April 3. 8 p. m. 10 d. 2 x. 3 times a day without any conscious effects, except on April 3 hot, burning face in p. m.

April 4. 10 d. ϕ at 8 a. m. and 2 and 9 p. m. On rising, noticed swelling on both sides of neck below angles of jaw, with slight swelling and hardness of maxillary glands, not tender upon pressure, with increased salivary secretions, but without apparent involvement of either parotid or subling. glands; this condition was worse about 10 a. m. and gradually declined during the day; during day, snapping in both ears every time she swallowed, especially liquids; ears felt stopped and stuffed, with autophony, but no tinnitus; last night urine increased, and considerable thirst; tingling and numb sensation in tip of tongue when touched against teeth; great thirst, not > by profuse flow of saliva; desire to drink whole tumbler of water at a time; 5:30 p. m. inability to eat anything sweet or sour; pulse very soft and weak; arterial tension low; p. m. hot, burning face; pulsating over entire body, sitting or standing.

April 5. 10 d. ϕ at 4 and 8 p. m. Sleep disturbed by twitchings in various parts; awoke at 4 a. m. with fluttering of heart, pulse 60 and very weak; feels quiet and does not want to move; tendency to sigh; jerking of individual muscles all over body, and in limbs, continued during day; wandering pains, beginning in l. pectoral muscle, and extending in all directions, but interruptedly; sensation of contraction, beginning in l. pectoral muscle, extending to l. mastoid, then down l. arm, continuing through day; marked sensation of contraction in area of l. radial nerve; itching and tingling all over body; sensation of fine tremor all over body, < inside the body; continued sensation of pulsation over entire body, sitting or standing; in walking, knees felt shaky; hands unsteady in unfastening clothing; tongue dry; tingling at tip of tongue; prover has always stammered, but since taking drug this is worse; in evening, hot, burning face; 80 oz. urine in 24 hrs. preceding 8 p. m., of light color and great urging in micturition; bowels relaxed without much pain. [Tremors, especially of hands; knee jerk irritable; elbow jerk plus; plantar reflex plus; jaw clonus present; general hyperesthesia (all reflexes normal on prelim. exam.). — Ex.] [Both drum-heads congested about Shrapnell's membrane, with engorged vessels about short process of hammer, and down back of handle; this congestion extends up onto superior wall of canal on both sides; lower quadrants of drum-heads show no congestion, but pink reflex on both sides from median wall of tympanic cavity; ears oversensitive to whispered voice, also over-sensitive to all fork tests, and the shrill sound of Galton's whistle caused general nervous tremor and such faintness that fresh air and a drink of water were required before examination could be concluded. — Ex.]

April 6. 10 d. ϕ at 8 a. m. and 12 m. Uneasy night, during which she was troubled with oppressive pains in temples and in lumbar region, > by cold air from window; 7 a. m. tongue very dry; sensation in pharynx, on either side, as though being gagged; pharynx filled with viscid mucus, the removal of which slightly > above symptom; increase of saliva accompanied by dryness of pharynx; nausea, confined to pharynx and upper portion of esophagus; efforts to clear out mucus caused empty retching;

drank large glass of water which did not > dryness of tongue and which was ejected in 20 min.; nausea, increased by odor of food, also by sweet and sour things; nausea, attended with sensation of pressure in pharynx extending to temples; at 10 a. m. a cup of coffee gave no relief to nausea and was ejected in ½ hr.; at 2 p. m. a cup of tea acted in the same way; short, restless naps from 10 a. m. to 2 p. m.; all day muscles in l. arm were twitching; in morning l. foot so swollen she had to wear an old shoe; pains in knees and ankles, < l.; sides of neck swollen until even with cheek; hands very hot; very weak feeling so that even talking was too great an effort; light and noise made her nervous; four movements of bowels without pain; scanty urine; 7 p. m. was able to retain piece of bread, but could not drink; medicine stopped.

April 7. Restless sleep, awaking at 4 a. m.; all symptoms disappearing, except twitching of l. forearm; felt weak all day; very restless all day; stammering <; light and noise continue to make her nervous. [Snapping in ears upon swallowing; after three days' continuance is much lessened; all abnormal objective appearances are gone; no tinnitus or autophony, but slight feeling of fulness, or internal pressure, remains; for 3 or 4 days, when in warm room, auricles have been both warmer and redder than usual. — Ex.] [Faucial pillars slightly reddened, < l.; nasopharynx much reddened, a cherry red, involving particularly the vault; tissues dry in appearance; no change in nose or larynx; l. submax. gland more enlarged; no enlargement of the parotid. — Ex.]

April 8. Slept well last night, but awoke at 4 a. m. with uncomfortable feeling in throat; urine very scanty, of dark color and strong odor; a raw, chilly day, over-sensitive to cold and wind (N. W.) when out of doors; l. ear very sensitive to wind; sense of fulness in l. ear; pains, starting under angle of l. jaw, extend to l. ear and down neck into l. shoulder and arm; muscles of l. arm, shoulder, and back of neck stiff and sore; wandering pains in l. arm and hand and down the back; 1 p. m. great difficulty in getting warm on coming into house; pain in l. sciatic nerve; excessive weakness.

April 9. 1 p. m. pain in l. shoulder and arm after exercise.

April 10. Throbbing all through body. [All ear symptoms objective and subjective have disappeared, except slight feeling of fulness or inward pressure. — Ex.] [Throat again almost normal, except some swelling of submax. gland. — Ex.]

April 11. Continued throbbing all through body; during much of forenoon a muffled feeling in ears, < l., with autophony and an occasional sound, like a prolonged "ping," echoing through the head, alike in both ears; no pain or other tinnitus, and by noon these symptoms wore away.

April 12. Awoke last night with sensation that she was unable to breathe; pulse weak; felt as though her heart were not beating, feet felt light; could not feel the bed with her feet; very drowsy, but unable to sleep; could see colored lights, and dim, iridescent moving lights with eyes closed, also flashes of light with

momentary periods of intense darkness, between 3 and 5 a. m.; symptoms not > by taking coffee; felt so badly that she took large doses of Nux Vomica, and this closed the proving.

1. Mind and Nervous System

A. Tingling[2] and numb sensation on tip of tongue when touched against the teeth.
Sleep disturbed by twitchings in various parts.
Feels quiet and does not want to move.
Tendency to sigh.
Jerking of individual muscles all over body and limbs, continuing during day.
Marked sensation of contraction in area of l. radial nerve.
Itching and tingling all over body.
Sensation of fine tremor all over, < inside body.
Hands unsteady in fastening clothing.
The prover has always stammered somewhat, but since taking the drug this has been worse.
[Tremors, especially of hands; knee jerk irritable; elbow jerk plus; plantar reflex plus; jaw clonus present; general hyperesthesia (all reflexes were normal on prelim. exam.). —Ex.]

B. An uneasy night.
Short, restless naps from 10 a. m. to 2 p. m.
Muscles of l. arm twitching all day[2].
Very week feeling all day[3] so that even talking was too great an effort.
Light and noise made her nervous[2].
Restless sleep, awaking at 4 a. m.[2].
Very restless all day.

C. Over-sensitive to cold and wind when out of doors.
Wandering pains in l. arm, hand, and down the back.
Pain in l. sciatic nerve.

E. Awoke at night with sensation of lightness in feet; could not feel the bed with her feet; very drowsy, but unable to sleep.

4. Nose and Throat

A. Swelling on both sides of neck below angles of jaw, with slight swelling and hardness of submax. glands, not tender upon pressure, with increased salivary secretion, but without apparent involvement of either parotid or subling. glands.

C. Tongue very dry.
Sensation in pharynx, on either side, as though being gagged.
Pharynx filled with viscid mucus, the removal of which slightly > above symptom.

Increase of saliva accompanied by dryness of pharynx.
Efforts to clear out mucus caused empty retching.
Sides of neck swollen until even with cheeks.

D. [Faucial pillars slightly reddened, < l.; naso-pharynx much reddened, a cherry-red, involving particularly the vault; tissues dry in appearance; no change in nose or larynx; l. submax. gland more enlarged; no enlargement of parotids. — Ex.]

E. Awoke at 4 a.m. with uncomfortable feeling in throat.

[Throat again almost normal except some swelling of l. submax. gland. — Ex.]

7. Alimentary System

A. Great thirst, not > by profuse flow of saliva, desire to drink whole tumbler of water at a time.
Inability to eat anything sweet or sour.
Swelling and hardness of submax. glands[7], with increased salivation, but without apparent involvement of either parotid or subling. glands.

B. Dryness of tongue[2].
Bowels relaxed without much pain[2].

C. Sensation in pharynx on either side as though being gagged.
Pharynx filled with viscid mucus, the removal of which slightly > the above symptom.
Increase of saliva, accompanied by dryness of pharynx.
Nausea confined to pharynx and upper portion of esophagus.
Efforts to clear out mucus caused empty retching.
Drank large glass of water, which did not > dryness of tongue and which was ejected in 20 m.
Nausea increased by odor of food, also by sweet and sour things.
Nausea attended by sensation of pressure in pharynx, extending to temples.
Cup of coffee gave no relief to nausea and was ejected in ½ hr.; later a cup of tea acted in the same way; in evening was able to retain a piece of bread, but could not drink.

8. Genito-Urinary System

A. During night urine increased.

B. 80 ozs. light-colored urine in 24 hrs. preceding 8 p. m.
Great urging to micturition.

C. Urine scanty.

E. Urine very scanty.

11. Bones and Muscular System

A. Sleep disturbed by twitchings in various parts.
Feels quiet and does not want to move.
Jerking of individual muscles all over body and in limbs, continuing through day.
Wandering pains, beginning in l. pectoral muscle and extending in all directions, but interruptedly.
Sensation of contraction, beginning in l. pectoral muscle and extending to l. mastoid and then down l. arm, continuing through day.
Constant, dull pain in l. pectoral muscle.
Brief, dull pains all over body and in limbs through day.
In walking knees feel shaky.
B. During night, oppressive pains in lumbar region, > by cool air from open window.
All day muscles in l. arm were twitching [2].
In morning l. foot so swollen she had to wear an old shoe.
Pains in knees and ankles < l.
C. Very weak all day [3].
D. Muscles of l. arm, shoulder, and back of neck stiff and sore.
Wandering pains in l. arm and hand, and down the back.
E. Pain in l. shoulder and arm after exercise.

12. Skin

A. Hot, burning face [2] in p. m.; in evening.
C. Itching and tingling all over body.
E. Hands very hot.

13. Tissue Changes

Swelling of both sides of neck below angles of jaw, with swelling and hardness of submax. glands [7], not tender upon pressure, with increased salivary secretion, but without apparent involvement of either parotid or subling. glands; later, sides of neck swollen until even with cheeks.

14. General Systemic Conditions

Pulsating over entire body, standing or sitting [2].
Sleep disturbed by twitching in various parts; restless sleep [3], awaking at 4 a. m. [2]; short, restless naps from 10 a. m. to 2 p. m.
Feels quiet and does not want to move.
Very weak feeling all day [3].
Over-sensitive to cold and wind.
Chilliness [2], becoming obstinate.
Very drowsy, but unable to sleep.

XLII. Mrs. E. T. G. of Boston: housewife; age 35; American parentage; female; married; 2 children; height 5 ft. 2 in.; weight 149 lbs.; skin ruddy; eyes hazel; hair black; temperament sanguine; constitution strong; no hereditary predisposition to disease and no previous sicknesses of any consequence; subject to no disturbances of health whatever, except occasional frontal headache; present state of health good. Drinks coffee once a week, but discontinues during proving.

April 3, 1902. 5 d. placebo.

April 4. 5 d. placebo before breakfast; 15 d. 1 x. at 11 a. m., 3 p. m., 15 d. ϕ at 8 p. m. Frontal headache from about 3 p. m. until retiring at 10 p. m.

April 5. 15 d. ϕ every 4 hrs. Mouth dry; frontal headache; eyes ache, continued through day; r. eye aches, pain "way in back."

April 6. 15 d, ϕ every 4 hrs. Lips very dry all day; sensation of pressure over region of bladder which caused frequent urination with relief following.

April 7. 30 d. ϕ in a. m. During latter part of p. m. and evening, throat dry and sore, and feeling as though tonsils were swollen; itching in r. ear.

April 8. No drug. Dull pain in both knees all day; knees so stiff and lame could hardly walk, but > on motion.

April 9. No drug. Stuffed sensation in r. ear; at 8 p. m. head felt full < r. side; has felt sleepy during daytime since taking drug; in evening slight feeling of fulness in ears, < r., with steady, low sound "as though the gas were singing," without rhythm and on r. side alone; throat felt full, at the same time with inclination to swallow frequently; symptoms disappeared during night. (Prover is not subject to this condition of ears when she takes cold — in fact, it is quite new to her.)

April 10. 15 d. ϕ at 7 a. m. and 3 times after. Within 1 hr. mouth, throat, and nostrils became very dry, continuing until bedtime; chilly sensation on retiring at 9 p. m.

April 11. 15 d. ϕ 3 times. After each dose throat, mouth, and nose dry; loss of taste while eating a nut, and had to take water to swallow it; head ached through forehead and eyes in p. m.; felt chilly in evening.

April 12. 20 d. ϕ at 7 a. m. Twenty min. after dose mouth and throat very dry, and so continued about 4 hrs.; sensation of fulness from ear to ear; thick feeling in ears as though they were stuffed up; very sleepy, could hardly keep eyes open; slept well.

April 13. 20 d. ϕ before breakfast. Same mouth and throat symptoms continued; an hour after dose felt very dizzy, < looking down; sight very much blurred for 3 hrs., could not see near objects; saw well at distance; focussing eyes for any near object, in a few moments caused sensation as though cross-eyed; during entire day, sensation as though eyes were crossed when looking down; attempt to clean finger-nails made her feel light-headed;

the dizziness felt seemed to be in the eyes and did not affect the gait; pupils dilated; thick feeling in head which seemed to extend from ear to ear; between 7 and 10 in evening sides and top of head ached; felt so badly stopped drug; in evening distinct and unusual sensation of itching just within meatus, alike on both sides, lasting 10 min. after taking dose; again noted sensation of pressure over region of bladder > by frequent urination.

April 14. During night head ached from both ears to vertex; nausea after riding from about 2 p. m. until evening; nostrils very red; again to-day very distinct feeling of fulness "extending from ear to ear," alike on both sides, lasting about 20 min. after each dose; no other symptoms were associated with this sensation of fulness.

April 15. For an hour after waking, feeling of soreness at pit of stomach; congestion about short process of malleus, extending up onto superior canal wall and down posterior border of malleus, on r. side alone; no reflex from promontory; dryness and redness of naso-pharynx with redness of both Eustacian prominences.

1. Mind and Nervous System

A. Frontal headache[3] from about 3 p. m. until retiring at 10 p. m.
C. Head felt full, < r. side.
Has felt sleepy during daytime since taking drug.
D. Very sleepy, could hardly keep eyes open; slept well.
E. Thick feeling in head, which seemed to extend from ear to ear.
Aching in sides and top of head.
During night head aches from both ears to vertex.

2. Eyes

A. Eyes ached through day, the pain "way in back."
D. Headache through forehead and eyes during p. m.
E. Sight very much blurred for 3 hrs.; could not see near objects; saw well at distance.
Focussing eyes for any near object, in a few moments caused sensation as though cross-eyed.
During entire day sensation as though eyes were crossed when looking down.
Attempt to clean finger-nails made her feel light-headed.
Felt dizziness, which seemed to be in the eyes and did not affect the gait.
Pupils dilated.

3. Ears

A. Itching in r. ear.
B. Stuffed sensation in r. ear.
In evening, slight sensation of fulness in ears, < r., with

steady, low sound "as though the gas were singing," without rhythm and on r. side alone; throat felt full at same time, with inclination to swallow frequently; symptoms disappeared during night; prover is not subject to this condition of ears when she takes cold, in fact it is quite new to her.

C. Sensation of fulness from ear to ear.
Thick feeling in ears, as though they were stuffed.

D. In evening, distinct and unusual sensation of itching just within meatus, alike on both sides, lasting 10 m. after taking dose.

E. During two days, very distinct feeling of fulness "extending from ear to ear," alike on both sides, lasting about 20 m. after each dose; no other symptoms were associated with this sensation of fulness.

Summary of Examinations: [Tympanic membranes — congestion about short process of malleus, extending up onto superior canal wall and down posterior border of malleus, on r. side alone; no reflex from promontory.
Hearing power for mechanical sounds (watch): increased r. and l.
Hearing power for vocal sounds: increased r. and l.
Perception of musical tones of varied pitch: unaltered.
Lower limit of tone perception: no change.
Upper limit of tone perception: slightly raised.
Sound perception by bone conduction: increased. — Ex.]

4. Nose and Throat

A. During latter part of day and evening, throat dry and sore, with feeling as though tonsils were swollen.

B. Throat felt full, with inclination to swallow frequently.

C. All day throat, nose, and nostrils very dry.
20 m. after each dose, mouth, throat, and nose became very dry and so continued for about 4 hrs [3].

E. Nostrils very red.

Summary of Examinations: [Dryness and redness of nasopharynx, with redness of both Eustachian prominences.
Sense of smell, during proving, unchanged. — Phys. Ex.]

5. Respiratory System

Summary of Examinations: [Rate of respiration at first slower, but at end of proving, faster. — Phys. Ex.]

6. Circulatory System

Summary of Examinations: [Force of pulse increased; frequency increased; no irregularity. — Phys. Ex.]

7. Alimentary System

A. Mouth dry [2]; mouth very dry [3].
Lips very dry all day.
B. Throat dry [3].
D. Loss of taste while eating a nut, had to take water to swallow it.
E. Nausea, after riding, from about 2 p. m. until evening.
For an hour after waking, feeling of soreness at pit of stomach.
Summary of Examinations: [During proving, taste for sweet became keener; taste for sour became keener; for bitter, unchanged. — Phys. Ex.]

8. Genito-Urinary System

A. Sensation of pressure over region of bladder [2], > by frequent urination [2].

9. Urine

SUMMARY OF ANALYSES

Quantity: gradually increase from 500 to 900 c.c.
Specific gravity: gradually lowered from 1022 to 1013.
Indican: normal.
Bilirubin: none.
Albumin: slight trace prelim. and throughout. (No casts.)
Sugar: none.

SEDIMENTS

Bulk percent. diminished; amorphous urates in first sample, disappearing later (of doubtful significance).

12. Bones and Muscular System

A. Dull pain in both knees all day.
Knees so stiff and lame could hardly walk, but > on motion.

14. General Systemic Conditions

Sleepy during daytime since taking drug; very sleepy, could hardly keep eyes open.
Felt chilly in the evening [2].

XLIII. Miss E. L. S. of Boston: age 19; American parentage; female; single; height 5 ft. 3 in.; weight 128 lbs.; skin ruddy; eyes hazel; hair brown; temperament sanguine; constitution strong; no hereditary predisposition to disease; no previous sicknesses of any moment; not subject to any disturbances of health whatever; present state of health good; uses neither tea nor coffee. (Sphyg. tracing, see Plate II, Fig. 4.)

April 1, 1902. 10 d. 2 x. at 8 a. m., 12 m., 7 p. m. Slight frontal headache.

April 2. 10 d. 2 x. at 8 and 10 a. m. On waking, mouth was very dry; dull headache across both sides of forehead, lasting 2 hrs.; loose movement of bowels, morning and afternoon, without pain.

April 3. 10 d. 2 x. at 8 and 10 a. m.; 15 d. 2 x. at 2 p. m. Same frontal headache, only worse, lasting 2 hrs.; loose stool a. m. and p. m. without pain.

April 4. 15 d. ϕ at 8 a. m. and 1 p. m. Restless sleep last night; mouth dry; slight pain at region of heart at 11 a. m., lasting $\frac{1}{2}$ hour (heart absolutely normal upon exam.). [Pulse slightly increased (73 to 78) and much lessened in force. (See tracing, Plate II, Fig. 5.) — Ex.]

April 5. 15 d. ϕ at 8 a. m., 12 m., 4 and 8 p. m. Again slight pain in region of heart in a. m.; wakeful sleep last night, no headache; desire to clear throat [slight redness of posterior commissure of larynx, enlargement of l. submax. gland, without sensitiveness to pressure and increased enlargement of r. submax. gland. — Ex.]

April 6. Stopped medicine. Slight pain around heart.

April 7. Pain in l. side; mouth feels dry [no change in appearance except slight infiltration of the vomer posteriorly. — Ex.]

April 11. 15 d. ϕ 3 times during day; 20 d. ϕ at night. Mouth and throat very dry; profuse, watery discharge from both nostrils for an hour; lachrymal secretion increased.

April 12. No medicine. Dull, frontal headache in morning; much dryness of mouth, tongue, and throat; watery discharge from nose without sneezing. [Increased redness of inferior turbinated bodies < r., with watery secretion; throat and mouth dry in appearance and uniformly bright red in color; r. tonsil seems more prominent than before; r. submax. gland also more noticeable than before. Prover does not know of taking cold or of having exposed herself unduly. — Ex.]

April 13. Eyes felt blurry and watery, did not try to read; great dryness of nose, mouth, tongue, and throat, with soreness on swallowing, which seemed to be low down in throat, and not more marked on one side than the other.

April 14. Yesterday's throat symptoms have subsided, but there is a marked, metallic taste in the mouth.

April 15. [Pulse rate 120 standing, 106 sitting, 100 lying. Rate on prelim. exam., 81 standing, 73 sitting, 63 lying. Pulse to-day is very soft and markedly dichrotic, but prover wholly uncon-

scious of any change in pulse. (See tracing, Plate II, Fig. 6.) — Ex.]

April 16. 20 d. ϕ at 7 a. m. Frontal headache in ½ hr. after taking drug, lasting 1 hr.; later, throat sore and red below tonsils; speech sounded thick; nosebleed at 4 p. m., lasting 20 min., saturating 2 handkerchiefs (not subject to epistaxis).

April 28. No medicine since April 16. No symptoms except slight, frontal headache > by bleeding from nose; has had 4 attacks of profuse nosebleed since the 16th.

1. Mind and Nervous System

A. Slight headache.
Dull headache across both sides of forehead, lasting 2 hrs.; also < on waking next morning, lasting 2 hrs.

B. Restless sleep.
Dull, frontal headache in morning.

E. Frontal headache ½ hr. after taking drug, lasting 1 hr.
Slight, frontal headache, > by bleeding from nose.

2. Eyes

A. Lachrymal secretion increased.

E. Eyes felt blurry and watery; did not try to read.

Summary of Examinations: [Lachrymal secretion slightly increased. Conjunctiva slightly congested. — Ex.]

3. Ears

Summary of Examinations: [Upper limit of tone perception raised r. and l. — Ex.]

4. Nose and Throat

A. Desire to clear throat.

C. Mouth[3] and throat[3] very dry.
Profuse, watery discharge from both nostrils[2] for 1 hour, without sneezing.

D. Great dryness of nose.
Soreness on swallowing, which seemed low down in throat and not more marked on one side than the other.

E. Throat sore and red below tonsils.
Speech sounded thick.
Nosebleed at 4 p. m., lasting 20 min., saturating 2 handkerchiefs (not subject to epistaxis).
Had 4 attacks of profuse nosebleed after discontinuing drug.

Summary of Examinations: [Slight redness of posterior commissure of larynx.
Enlargement of l. submax. gland, without sensitiveness to pressure; increased enlargement of r. submax. gland.

Slight infiltration of vomer posteriorly.
Increased redness of inferior turbinated bodies, < r., with watery secretion; throat and nose dry in appearance and uniformly bright red in color.
R. tonsil more prominent than before. — Ex.]

6. Circulatory System

A. Slight pain in region of heart [3], in a. m.[2], lasting ½ hr.
D. Pain in l. side (probably about heart).
Summary of Examinations: Force much lessened, especially early in proving. (See tracing, Plate II, Fig. 5.)
Frequency of pulse increased, especially at close of proving, when marked dichrotism was also present (see Plate II, Fig. 6); prover was wholly unconscious of any change in pulse.
[Prelim. pulse rate 81 standing, 73 sitting, 63 lying. (See plate II, Fig. 4.) Pulse rate at final exam., 120 standing, 106 sitting, 100 lying, and very soft. — Phys. Ex.]

7. Alimentary System

A. On waking, mouth very dry.
Loose movement of bowels a. m. and p. m., without pain [2].
Mouth dry [5].
Enlargement of l. submax. gland, without sensitiveness to pressure; increased enlargement of r. submax. gland [2].
D. Tongue [2] and throat [2] very dry.
E. Soreness on swallowing, which seemed low down in throat and not more marked on one side than the other.
A marked metallic taste in mouth.
[Taste for sweet decreased, for sour and bitter practically unchanged. — Phys. Ex.]

9. Urine

Summary of Analyses

Quantity: markedly increased.
Specific gravity: lowered.
Indican: normal.
Bilirubin: none.
Albumin: presence in last specimen marked (April 11).
Sugar: none.

Sediments

Calc. ox. crystals in two last specimens (April 7, April 11) not previously found.
Casts: none in any specimen.

10. Blood

SUMMARY OF ANALYSES

Percent. hemoglobin: slightly increased.
Ratio of red discs to leucocytes: lowered (350 : 1 to 250 : 1).
Blood platelets: somewhat increased.

11. Bones and Muscular System

[Endurance in test for muscular fatigue was increased. — Phys. Ex.]

14. General Systemic Conditions

Restless sleep.

XLIV. Dr. R. F. S. of Boston: physician; age 26; American parentage; male; single; height 5 ft. 8 in.; weight 150 lbs.; skin ruddy; eyes gray; hair brown; temperament sanguine; constitution robust; no hereditary predisposition to disease; no previous sicknesses except diseases of childhood; not subject to any disturbances of health whatever; present state of health good; occasional use of tea and coffee, which are not discontinued during proving. (See Sphyg. tracing, Plate II, Figs. 7 and 8.)

April 2, 1902. 20 d. 2 x. at 6 p. m.
April 3. 20 d. 2 x. at 8 and 10 a. m. and 12 m. Sensation of dryness on posterior wall of pharynx.
April 4. 20 d. 2 x. at 12 m. and 4 p. m. Dryness of pharynx continues.
April 5. 10 d. ϕ at 9 a. m., 1, 4, and 8 p. m. On waking soreness of l. faucial pillar, which continued through day; dryness of pharynx continues. [No congestion visible on inspection. — Ex.]
April 6. 10 d. ϕ at 11 a. m., 4:30 and 10:30 p. m. Soreness of l. fauces continued all day; all mucous membranes and upper air passages dry; desire to clear throat all day; from 9 p. m. until retiring at 10:30, a persistent tickling, extending from throat into l. Eustachian tube almost to ear, with sensation of fulness in ear and with inclination to contract faucial muscles to give relief; this was confined to l. side and there was no tinnitus or autophony; dull frontal headache all day.
April 7. 10 d. ϕ at 8 a. m., 1 and 8 p. m. Broken sleep last night; frontal headache; increased desire to clear the throat; dryness of mucous membranes continued all day; itching of l. Eustachian tube continued in morning, but ceased during day. [No objective appearances or functional changes. — Ex. (Ears.)] [Objective symptoms of throat do not corroborate the subjective ones; the

under side of the epiglottis, just above the cushion, shows slightly dilated capillaries. — Ex.]

April 8. 10 d. ϕ at 10 a. m., at 2 and 10 p. m. Dryness of mouth and pharynx continues; no soreness in fauces and no headache.

April 9. No medicine. Dryness of mouth and pharynx.

April 10. 15 d. ϕ at 8 a. m. Dryness of mouth and pharynx not so marked.

April 11. 15 d. ϕ 3 times during day; dryness of nose and throat increased.

April 12. 30 d. ϕ at 8 a. m., 12 m., and 4 p. m. Same dryness of mouth, nose, and throat as before; in p. m. was unable to read from blurring of near vision; distant vision better; no diplopia.

April 13. 40 d. ϕ at 9 a. m. and discontinued. Blurring of type when reading, also continued dryness of mucous membranes.

April 14. Subjective dryness of nose, throat, and larynx. [Objectively, less redness of nose; pharynx and naso-pharynx pale; dryness not particularly noticeable. — Ex.]

1. Mind and Nervous System

A. Dull, frontal headache all day.

E. Broken sleep last night.

2. Eyes

A. In p. m. was unable to read from blurring of near vision, distant vision better; no diplopia.

E. Blurring of type when reading.

Summary of Examinations: [Ciliary muscle, relaxed, p. p. removed 5 cm. — Ex.]

3. Ears

A. From p. m. until retiring at 10:30, a persistent tickling extending from throat into l. Eustachian tube, almost to ear, with sensation of fulness in ear, and with inclination to contract faucial muscles to give relief; same itching continued on following morning, but ceased during day and was confined to l. side, with no tinnitus or autophony. [No objective appearance or functional changes. — Ex.]

Summary of Examinations: [Hearing power for fork, by bone conduction, diminished r. and l. — Ex.]

4. Nose and Throat

A. Sensation of dryness on posterior wall of pharynx.
Dryness of pharynx [6].

B. On waking, soreness of l. faucial pillar [2], which continued all day [2].

[No congestion visible on inspection. — Ex.]
All mucous membranes of upper air passages dry.[3]
Desire to clear throat all day[2].
From 9 p. m. until retiring at 10:30, a persistent tickling extending from throat into l. Eustachian tube, almost to ear, with sensation of fulness in ear and with inclination to contract faucial muscles to give relief; same itching continued on following morning, but ceased during day, and was confined to l. side.

C. [Objective symptoms of throat do not corroborate the subjective ones (*i. e.*, sensation of soreness without apparent congestion, etc.). The under side of epiglottis, just above cushion, shows slightly dilated capillaries. —Ex.]
Dryness of mouth[4].

D. Dryness of nose[2] and throat[2].

E. Subjective dryness of nose, throat, and larynx.
[Objectively, less redness of nose; pharynx and naso-pharynx pale; dryness not particularly noticeable. — Ex.]

Summary of Examinations: [The objective symptoms noted have been few; dryness has been a marked subjective symptom, but accompanied by redness or swelling; if any change in color of tissues has been seen it would be rather increased color than the contrary. The under side of epiglottis, just above cushion, showed slightly dilated capillaries on one day. — Ex.]
[The sense of smell became more acute. — Phys. Ex.]

7. Alimentary System

A. Sensation of dryness on posterior wall of pharynx.
Dryness of pharynx[6].

D. Dryness of mouth[4] and throat[2].
[Taste for sweet and sour increased a little, for bitter unchanged. — Phys. Ex.]

9. Urine

Summary of Analyses

Quantity: slightly lessened.
Specific gravity: increased.
Total solids: markedly increased.
Urea: markedly increased.
Uric acid: increased.
Indican: normal.
Bilirubin: none.
Albumin: slight traces in two specimens (April 5 and 9).
Sugar: none.

Ratio of total solids to salts: doubled.
Ratio of urea to uric acid: slightly increased.

SEDIMENTS

Mucus and bacteria increased in last specimen. Calc. ox. crystals in one specimen (April 5). No casts.

14. General Systemic Conditions

Sleep broken.

XLV. Dr. S. E. A. of Boston: physician; age 23; American parentage; female; unmarried; height 5 ft. 1 in.; weight 140 lbs.; skin fair; eyes blue; hair brown; temperament nervous; constitution robust; no predisposition to disease; no previous illnesses except children's diseases, and Rhus poisoning last year on skin; is not subject to neuralgia or rheumatism or any other disturbances of health; present state of health good; uses neither tea nor coffee.

June 11, 1902. 10 d. 2 x. at 10 a. m. and 4 p. m. No symptoms.
June 12. 10 d. 2 x. at 8 a. m., 12 m. and 4 p. m. No symptoms.
June 13. 10 d. 2 x. at 8 a. m.; 10 d. ϕ at 12 m. and 4 p. m. Slight neuralgic pain in teeth; in p. m. aching in joints; slight frontal headache; sense of dryness and constriction in larynx.
June 14. 10 d. ϕ at 8 a. m. During night intense itching and burning all over body, < legs and arms, < cold water, < a. m.; on going to bed vesicular eruption found in places on flexor surfaces; [this morning a macular-papular eruption, similar to flea bites, much worse after cold bath. — Ex.] In p. m. aching of joints and between shoulder blades; nasal secretion increased this a. m., but upon examination nose appeared less congested than before.
June 15. 20 d. ϕ at 4 p. m. No symptoms except itching, which was less than on the night of the 13th.
June 16. 25 d. ϕ at 9 a. m. and 12 m. 10 a. m. blurring of eyes on reading, but not for distant vision; could read at first glance, but blurring soon followed; she saw double in reading (doubled laterally); pain and smarting in eyes and at same time, pain over r. eye extending over whole forehead; 11 a. m. eyelids heavy; photophobia < l.; 2 p. m. pain in upper teeth darting to ears on both sides; in p. m. stiffness and aching in all larger joints, < on rising after sitting awhile; at same time pain in back of l. thigh and calf; knees would give out with a jerk in walking, < l.; all day an indescribable bad taste in mouth; mouth and tongue dry and parched, without thirst, dryness, not > by water; in evening could not see to thread needle; pain in eyeballs; frontal headache, < over r. eye; ringing in ears; backache. [Pupils tend to dilate, and while iris responds promptly to

reflected light (gas) the contraction is less and diam. of pupils greater than normal; vertical veins large and full; optic disc l. as compared with r. somewhat hyperemic. — Ex.] [Half a dozen fine, scratched papules on upper part of calf l., similar condition r., same ankles and one lesion l. wrist. — Ex.]

June 17. 30 d. ϕ at 12 m., 2:45 p. m.; 25 d. ϕ at 4:30 and 8 p. m. Felt well on rising, but by 2 p. m. all the symptoms of yesterday had returned.

June 18. 25 d. ϕ at 7 a. m. Drug discontinued. Restless during night, could not find an easy position; eyes smarting, burning, sore, and eyelids red and swollen "as if she had been crying all day"; inside of 1 hr. after dose all previous symptoms returned; pain in teeth shooting up to ears. [Slight tinnitus, which seems to be due rather to the general condition of head than to local condition of ears. — Ex.] Frontal headache aggravated by noise and light; much trouble with eyes. [Pain in and through eyes and over r. eye; could read only a short time without resting eyes; vertical strokes of type appear double. — Ex.] [Dryness of mouth and throat with constant desire to swallow. Nasal mucous membrane slightly congested with lessened mucous secretion. — Ex.]

June 19. No symptoms.

June 20. No symptoms.

June 21. No symptoms except dryness of mouth and throat without especial thirst.

June 22. Sleepy; eyes feel too large; cannot keep eyes open; stupid, < p. m. For relief took Gels. and terminated proving.

1. Mind and Nervous System

A. Slight frontal headache.

B. Pain over r. eye extending over whole forehead.
Frontal headache, < r. eye [3].

C. Restless in night, could not find an easy position.

E. Sleepy; stupid, < p. m.

2. Eyes

A. Blurring of eyes [3] on reading [3], but not for distant vision.
Could read at first glance, but blurring [3] soon followed.
She saw double in reading [3]. (Doubled laterally.)
Pain [3] and smarting in eyes [3] and at the same time pain over r. eye extending over whole forehead [3]; pain in eyeballs [3].
Eyelids heavy [3]; cannot keep eyes open [3].
Photophobia [3], < l.
In evening could not see to thread needle.
[Pupils tend to dilate, and while iris responds promptly to reflected light (gas), the contraction is less and diam. of pupil greater than normal; vertical veins large and full; optic disc, l. as compared with r., somewhat hyperemic. — Ex.]

C. Eyes smarting, burning, and sore, and eyelids red and swollen, "as if she had been crying all day."
Could read only a short time without resting eyes.
Vertical strokes of type appear double.
E. Eyes feel too large.

3. Ears

A. Pain in upper teeth darting to ears [3] on both sides.
Ringing in ears.
E. [Slight tinnitus, which seemed to be due rather to general condition of head than to local condition of ears. — Ex.]
Summary of Examinations: [Hearing power for fork, by bone conduction, slightly lessened r. and l. — Ex.]

4. Nose and Throat

A. Sense of dryness and sense of constriction in larynx.
Nasal secretion < in a. m., but upon examination nose appeared less congested than before.
B. Dryness of mouth [2] and throat [2], without especial thirst.
[Nasal mucous membrane slightly congested, with lessened mucous secretion. — Ex.]
Summary of Examinations: [Fourth day of proving, slight over-secretion of mucus and lessened congestion; four days after, much diminished secretion and an increase in the congestion of the nasal mucous membrane. — Ex].

6. Circulatory System

Summary of Examinations: [Force of pulse markedly decreased, with a low primary crest in tracing; frequency of pulse increased from 2 to 11 in various postures; rhythm of pulse regular, with no dichrotic phenomena. — Phys. Ex.]

7. Alimentary System

A. Slight neuralgic pain in teeth; pain in upper teeth; pain in teeth.
B. All day an indescribable bad taste in mouth.
Mouth [4], tongue [3] and throat dry and parched, without thirst [4]; dryness not > by water.
D. Dryness in mouth and throat, with constant desire to swallow.
[Taste for sour slightly decreased, bitter unchanged. — Phys. Ex.]

9. Urine

SUMMARY OF ANALYSES

Quantity: diminished.
Specific gravity: increased.

Color: variable.
Total amount of solids: increased.
Urea: slightly increased.
Uric acid: slightly increased.
Percent. of uric acid: slightly increased.
Indican: slightly increased.
Bilirubin: none.
Albumin: trace in prelim., no casts, none afterwards.
Sugar: none.
Ratio of total solids to salts: diminished.
Ratio of urea to uric acid: increased.

SEDIMENTS

Bulk percent. diminished; gross appearance thinner; microscopic appearance — mucous cells and calc. ox. crystals increased; amorphous urates disappeared; a very few casts appeared, one hyaline, one granular, with one or two squamous epithelial cells in it (none prelim.).

10. Blood

SUMMARY OF EXAMINATIONS

Hemoglobin: increased 5 per cent.
Number of red discs per cu. mm.: increased 500,000+.
Leucocytes: increased by 2,300.
Lymphocytes small: increased 10 per cent. +.

11. Bones and Muscular System

A. Aching in joints [2].
B. Aching between shoulder blades.
C. Stiffness and aching in all larger joints, < on rising after sitting awhile [2].
Pain in back of l. thigh and calf [2].
Knees would give out with a jerk in walking [2], < l.
Backache [2].
E. Restless in night, could not find an easy position.
[Muscular fatigue greater after test on one day. — Phys. Ex.]

12. Skin

A. Commencing in night, intense itching and burning all over body, < legs and arms, < cold water, < a. m.
On going to bed vesicular eruption found on flexor surfaces.
[A macular-papular eruption similar to flea-bites, much < after cold bath. — Ex.]
C. Itching less.

E. [Half a dozen scratched, fine papules upper part of l. calf, similar condition on r., same on ankles, one lesion on l. wrist. — Ex.]

14. General Systemic Conditions

Restless at night, could not find an easy position.
Sleepy.

XLVI. W. A. H. of Boston: medical student; age 27; American parentage; single; height 6 ft.; weight 156 lbs,; skin pale; eyes blue; hair brown; temperament nervous; constitution strong; no hereditary predisposition to disease of moment; no previous sicknesses except children's diseases and pneumonia 3 yrs. ago; subject to slight nasal catarrh; has herpes on face; subject to no other disturbances of health whatever; present state of health good; drinks coffee twice a week, which is not discontinued during proving.

June 12, 1902. 10 d. ϕ at 4 p. m. No symptoms.
June 13. 12 d. ϕ at 8 a m., 12 m. and 4 p. m. No symptoms.
June 14. 20 d. ϕ at 4 and 8 p. m. No symptoms of any moment.
June 15. 20 d. ϕ at 4 and 8 p. m. Small papule on inside surface of gum, r. side, sore to touch; mouth and lips very dry; throat sore on r.; 8:30 p. m. full feeling in head, developing into dull occipital pain, extending later to both temples; temples sensitive to touch; dull pain in both trapezii and shoulder joints, also in r. elbow joint; knees stiff and sore; skin on back of both hands grows red, with constant burning; pustules on back of l. third finger.
June 16. 20 d. ϕ at 8 a. m. and 30 d. ϕ at 4 p. m. Very soft morning stool; same symptoms as yesterday continue; eructations of gas for 24 hrs.; burning sensation in skin after rubbing hands; erythema on back of both hands of 12 hrs. duration; large, pinhead-sized pustule, second phalanx ring finger l. hand; small, soft papulè on frenum of tongue, with slight feeling of soreness like canker.
June 17. 30 d. ϕ at 8 a. m. and 12 m., and 40 d. at 8 p. m. Morning, wrist and elbow joints feel lame and ache with dull pain; very much fatigued all the time; same headache in back of head extending to frontal region; throat sore but > than yesterday. (See Phys. Ex. B. and M.)
June 18. 40 d. ϕ at 8 a. m. and discontinued. Awoke feeling well; began to feel very weak and tired at 10 a. m.; knees painful when walking; headache beginning in occiput at 11 a. m., extending to temples and forehead; mouth and throat very dry; eyes feel dry; on reading, letters are plain for a minute or so, then blur and he has to look off to rest eyes; yesterday urinated once in daytime, but four times during night.

June 19. Pustule on finger has lasted until to-day, also papule on frenum of tongue.

June 20. Snapping in Eustachian tubes when dropping the jaw; no tinnitus or discomfort apart from that.

June 23. For past 3 days pain of sharp, shooting character, extending toward r. ear upon swallowing, associated with soreness of the throat, < nights; no tinnitus; no evidence of cold. [Slight injection of vessels on superior wall of r. meatus and some also on l. — Ex.] Dryness of nose, naso-pharynx, and pharynx; soreness of throat on r. > from hot drinks, < p. m.

June 24. Throat sore with dryness on l., the change from r. occurring during night.

June 25. On evening of 23rd the sharp, shooting pain through r. ear disappeared, but same condition in every respect developed upon l. side — first some soreness of throat, then pain shooting to ear with every act of swallowing, with inclination to swallow oftener than usual; no tinnitus, fulness, heat, itching, throbbing or autophony; now, after 36 hrs, condition is wearing away; no return on r.; no appearance of ordinary cold.

June 26. Slight dryness remains in throat, but no soreness or other symptoms.

1. Mind and Nervous System

A. Full feeling in head developing into dull occipital pain[4], extending later to temples and frontal region[4]; temples sensitive to touch.

C. Very much fatigued all the time.

D. Awoke feeling well, but at 10 a. m. began to feel very weak and tired.

2. Eyes

A. Eyes felt dry.

On reading, letters are plain for a minute or so, then he has to look off to rest eyes.

Summary of Examinations: [Optic disc congested; ciliary muscle, decreased tonicity; asthenopia; could not read fine types when effect was most marked. — Ex.]

3. Ears

A. Snapping in Eustachian tubes when dropping the jaw, no tinnitus or discomfort apart from that.

C. Pain of sharp, shooting character, extending towards r. ear upon swallowing[3], associated with soreness of throat, < nights[3] (no tinnitus and no evidence of cold).

[Slight injection of vessels on r. superior wall of meatus and some also on l. — Ex.]

E. When the sharp, shooting pain through r. ear (described under C) disappeared, the same condition in every respect

developed upon the l. side — first some soreness of throat, then pain shooting to ear with every act of swallowing, with inclination to swallow oftener than usual; no tinnitus, fulness, heat, itching, throbbing, or autophony; now, after 36 hrs., condition is wearing away; no return on r.; no appearance of ordinary cold.

Summary of Examinations: [Hearing power for mechanical sounds (watch) very markedly increased r. and l.; hearing power for vocal sounds very slightly increased; hearing power for fork, by bone conduction, increased r. and l.; limits of tone perception unchanged. — Ex.]

4. Nose and Throat

A. Throat sore on r [3].
B. Mouth and throat very dry.
D. Dryness of nose, pharynx, and naso-pharynx.
Soreness of throat, with sharp pain shooting towards r. ear upon swallowing, < nights [3].
Sore throat, r., > hot drinks, < p. m.
Throat sore, with dryness on l., the change from r. occurring during night.
E. Soreness of throat, with pain shooting to l. ear upon swallowing [3], with inclination to swallow oftener than usual [2].

Summary of Examinations: [R. sided sore throat, with marked dryness and slight cough; dryness of nose and naso-pharynx; sore throat, with pain changing from r. to l. side of pharynx; posterior wall of pharynx inflamed and dry; dilated capillaries on r. pharyngeal wall. — Ex.]
[Sense of smell slightly decreased. — Phys. Ex.]

7. Alimentary System

A. Small papule on inside surface gum, r. side, sore to touch.
Mouth and lips very dry [2].
C. Very soft morning stool.
Small, soft papule on frenum of tongue, with slight feeling of soreness like canker [3].
Eructations of gas for 24 hrs.
E. Mouth and throat very dry.

8. Genito-Urinary System

A. Yesterday urinated once in daytime, but 4 times during night.

Summary of Examinations: [L. inguinal gland slightly enlarged (normal upon preliminary examination). — Ex.]

9. Urine

SUMMARY OF ANALYSES

Quantity: diminished.
Specific gravity: increased.
Solids: total amount increased.
Urea: slightly diminished.
Percent. of urea: slightly diminished.
Uric acid: diminished.
Percent. uric acid: diminished.
Indicum: normal.
Bilirubin: none.
Albumin: none.
Sugar: none.
Ratio of total solids to salts: slightly diminished.

SEDIMENTS

Microscopic appearance: no apparent change.

10. Blood

SUMMARY OF EXAMINATIONS

Hemoglobin: lessened 10 per cent.
Number of red discs per cu. mm.: increased 500,000.
Leucocytes: increased 1,000.
Lymphocytes, small: increased 6 per cent.

11. Bones and Muscular System

A. Dull pain in both trapezii and shoulder joints.
Dull pain in r. elbow joint.
Knees stiff and sore [2].
C. Lameness, with dull pain in wrist and elbow joints.
Very much fatigued all the time.
E. Very weak and tired.
Knees painful when walking.
[Developed marked cramps at outset of initial fatigue, which fully subsided on "recovery" of muscle and remained absent during balance of test. — Phys. Ex.]

12. Skin

A. Skin on back of both hands grew red, with constant rubbing.
Pustules on back of l. third finger.
E. Burning sensation in skin after rubbing hands.
Erythema on back of both hands, 12 hrs. duration.
Large pinhead pustule second phalanx ring finger l. hand [4].

13. Tissue Changes

Small papule on inside surface of gum, r. side, sore to touch.
Pustules on back of l. tnird finger, and large, pinhead-sized pustules on second phalanx [4].
Small, soft papule on frenum of tongue, with slight feeling of soreness like canker [3].

14. General Systemic Conditions

Very much fatigued all the time.
Weak and tired.

XLVII. Dr. E. T. R. of Boston: physician; age 35; American parentage; female; married; no children; height 5 ft. 6 in.; weight 145 lbs.; skin dark; eyes black; hair black; temperament bilious; constitution robust; no hereditary predisposition to disease; no previous sicknesses of moment except diphtheria and possibly appendicitis; subject to no disturbances of health whatever; present health good; drinks coffee in morning, which is not discontinued during proving.

June 17, 1902. Has been taking 2d dec. dil. without development of any symptoms. To-day took 25 d. ϕ at 8 p. m. ½ hr. after taking drug, dryness of mouth and throat not > by water, no perceptible flow of saliva; tongue dry, hot and with white coating, felt thick and cottony; bad taste in mouth, < at base of tongue; cheeks and fauces dry and burning, and felt as if when touched the mucous membrane would stick to finger and peel off; tonsils dry and sensitive; lips dry and parched; thick, gluey substance collected frequently upon lips and teeth; 2 hrs. after first dose of tincture vertigo on rising from chair; vision slightly blurred; 2½ hrs. hoarseness developed and remained; headache in forehead and vertex; heat in face, as if riding in wind, with burning and smarting, especially on eyelids and eyeballs; conjunctiva burning, dry, and red.

June 18. 50 d. ϕ at 8 a. m. and 12 m. Awakened with severe headache > after rising; later, heavy feeling and pain just in front of vertex; head confused; dizziness; large, soft stool on rising, with pain in abdomen, which continued during forenoon, as though preceding another stool; lips, throat, and nose very dry; sticky mucus on lips and teeth, which had to be brushed away; saliva still diminished; foul taste in mouth; morning urine very free and dark, with peculiar odor; nervous, hurried feeling in region of stomach; vision somewhat blurred; 3 p. m. cannot see to read within 15 in. of eyes, but vision better at distance (No. 1 brilliant, seen with difficulty); writing looks like 2 lines, upper black, lower red; temp. at 10:30 a. m. 99; at 3 p. m. 100.8; pulse 92;

face and eyeballs hot and burning; eyes ache; lids feel heavy, can hardly keep them open; photophobia; conjunctiva burning when closing eyes; in writing (black ink) had vertical diplopia, and lower line looked red. [Dryness of the posterior wall of the pharynx; redness at posterior laryngeal commissure; secretions in mouth viscid. — Ex.]

June 19. 25 d. ϕ at 8 a. m. and 12 m. Vessels in hands, arms, and temples beat strongly; urine has strong, offensive odor; peculiar, gone sensation after eating; eyelids heavy; sore pain over and in eyes; sight blurred in 20 min. after taking dose, so she could not read, > in 3½ hrs.; pupils dilated to "size of peas"; 7 p. m. temp. 99.6.

June 20. 25 d. ϕ 3 times during day. Last night twitching in muscles of arms and legs; parched dryness of tonsils from one dose to next, > on omitting one dose; sight still dazzled, but can read; pulse not below 90 all day, once 99; sneezing and dull heavy pain over eyes.

June 21. [20 min. after 10 d. ϕ dizziness, blurring of vision, and difficulty in reading; after 30 d. ϕ reading impossible; afterwards very sleepy and some photophobia. — Ex. (Eyes.)] [Left, inferior turbinated body congested. — Ex.]

An accident to the prover abruptly terminated this proving.

1. Mind and Nervous System

A. 2 hrs. after first dose of ϕ, vertigo on rising from chair.
Headache in forehead and vertex.

C. Awakened with severe headache, > after rising; later, heavy feeling and pain just in front of vertex.
Head confused.
Nervous, hurried feeling in region of stomach.

E. In the night, twitching in muscles of arms and legs.

2. Eyes

A. Vision somewhat blurred [3].
Heat in eyeballs.
Conjunctiva burning, dry, and red.
Burning and smarting of eyelids and eyeballs [2].

B. 3 p. m. cannot see to read within 15 in. of eyes, vision better at distance.
Writing looks like two lines, upper black, lower red.
[Number 1 brilliant, seen with difficulty; eyes ache; lids feel heavy, can hardly keep them open; photophobia; conjunctival burning when closing eyes; in writing (black ink) had vertical diplopia, and lower lines looked red. — Ex.]

C. Eyelids heavy.
Some pain over and in eyes.

Sight blurred in 20 min. after taking dose, so she could not read, > in 3½ hrs.

Pupils dilated " to size of peas."

D. Sight dazzled, but can read.

[20 min. after 10 d. ϕ dizziness, blurring of vision and reading difficult; after 30 d. ϕ reading impossible; photophobia. — Ex.]

Summary of Examination: [Pupil, slight mydriasis; visual acuity, reduced; optic disc, capillary congestion; ciliary muscle, partial cycloplegia. — Ex.]

3. Ears

Summary of Examinations: [Hearing power for mechanical sounds, r. unchanged, l. markedly increased; hearing power for vocal sounds, unchanged; hearing power for fork by bone conduction, increased r. and especially l; perception of musical tones of varied pitch, unchanged; lower limit of tone perception, lowered; upper limit of tone perception, unchanged. — Ex.]

4. Nose and Throat

A. ½ hr. after taking drug, dryness of mouth and throat, not > by taking water.

Fauces dry and burning and felt as if when touched mucous membrane would stick to finger and peel off.

Tonsils dry and sensitive.

In 2½ hrs. after taking drug hoarseness developed and remained.

B. Throat and nose very dry.

[Dryness of posterior wall of pharynx; redness of posterior laryngeal commissure; secretions in mouth viscid. — Ex.]

D. Parched dryness of tonsils from one dose to next, > on omitting one dose.

E. Sneezing.

[Left inferior turbinated body congested. — Ex.]

6. Circulatory System

A. Heat in face [2], as if riding in wind, with burning [2].

B. Pulse 92 sitting (preliminary 72).

D. Vessels in hands, arms, and temples beat strongly.

E. Pulse not below 90 all day, once 99.

7. Alimentary System

A. ½ hr. after taking drug, dryness of mouth and throat [2], not > by water; no perceptible flow of saliva [2].

Tongue dry, hot, with white coating, and felt thick and cottony.
Bad taste in mouth [2], < at base of tongue.
Cheeks and fauces dry and burning, and felt as if when touched the mucous membrane would stick to finger and peel off.
Lips dry [2] and parched.
Thick, gluey substance collected frequently upon lips and teeth.
C. Large, soft stool on rising, with pain in abdomen, which continued during afternoon, as though preceding another stool.
Sticky mucus on lips and teeth, which had to be brushed away.
Nervous, hurried feeling in region of stomach.
[Dryness of posterior wall of pharynx; secretions in mouth viscid. — Ex.]
E. Peculiar, gone sensation after eating.
Summary of Examinations: [Taste for sweet and sour slightly increased, for bitter unchanged. — Phys. Ex.]

8. Genito-Urinary System

June 18. Morning urine very free and dark, with peculiar odor.
June 19. Urine has strong, offensive odor.

9. Urine

SUMMARY OF ANALYSES

Quantity: slightly increased.
Specific gravity: increased.
Odor: offensive.
Solids, total amount: markedly increased.
Urea: variable.
Indican: normal.
Bilirubin: none.
Albumin: slight trace in prelim. and throughout (no casts).
Sugar: none.
Ratio of total solids to salts: diminished.
Ratio of urea to uric acid: increased.

SEDIMENTS

Generally diminished.

11. Bones and Muscular System

A. Twitching in muscles of arms and legs.

12. Skin

A. Heat in face as if riding in wind, with burning and smarting, especially on eyelids.
E. Face hot and burning.

14. General Systemic Conditions

Temp. rose to 100.
Very sleepy.

XLVIII. Mr. W. W. C. of Boston: medical student; age 25; American parentage; male; single; height 5 ft. 8 in.; weight 141 lbs.; skin dark; eyes brown; hair black; bilious temperament and robust constitution; no hereditary predisposition to disease and no previous sicknesses of any moment; subject to no disturbances of health whatever except to catarrh; present state of health good; uses tobacco, tea and coffee, which are not discontinued during proving.

June 11, 1902. 15 d. placebo at 8, 12 and 5 o'clock. No symptoms.
June 12. 15 d. ϕ at 8, 4 and 8 o'clock. 2 hrs. after third dose, general feeling of lassitude, with temporary dull headache in frontal and temporo-sphenoidal regions. At 9 p. m. colicky pain in hypogastrium with slight nausea.
June 13. 20 d. ϕ at 9 p. m. Full feeling in head with dull headache for 2 hrs. in temporo-sphenoidal region < l.; felt dopy and sleepy.
June 14. 20 d. ϕ at 8 p. m. and 12 m. 1 hr. after first dose, full feeling in head; dryness of mouth and naso-pharynx nearly all day; not relieved by drinking water; headache in frontal region; eyes blurred; evening, same pain in hypogastrium as on the 12th.
June 15. No medicine and no symptoms.
June 16. 30 d. ϕ at 8 a. m. and 12 m. 1 hr. after first dose, frontal headache extending farther back than before, with fulness in whole head, < at occiput; later, great dryness of mouth and throat, extending to nose; mouth so dry could not eat without taking water; felt sleepy, desire to keep eyes closed; burning sensation in eyes; blurring of vision; could not read ordinary print at the usual distance, but vision for distant objects was better; pupils widely dilated. [Accommodation very erratic. — Ex.]
June 17. 30 d. ϕ at 8 a. m. and 12 m. Same symptoms present in less degree; pupils still widely dilated. [Greater sense of muscular fatigue at physiological test. — Ex.] [Respiration markedly increased (17 to 22 per min.). — Ex.]
June 18. 30 d. ϕ at 8 a. m. and 12 m. Dryness of mouth and throat > temporarily by drinking water; difficulty in swallowing food on account of dryness of throat. [Tonsils and faucial pillars red and inflamed in appearance. — Ex.]

1. Mind and Nervous System

A. Feeling of lassitude, with temporary, dull headache in frontal region, also in temporo-sphenoidal region.
C. Dull feeling in head, with dull headache for 2 hrs. in temporo-sphenoidal region, < l.
Felt "dopy" and sleepy.
E. Frontal headache extending farther back than before, with fulness in whole head, < in occiput.
Summary of Examinations: [Reflexes comparatively irritable; knee jerk irritable, especially l. side; all reflexes normal on prelim. exam. — Ex.]

2. Eyes

A. Eyes blur; blurring of vision.
C. Desire to keep eyes closed.
Burning sensation in eyes.
Could not read ordinary print at usual distance, vision for distant objects was better.
Pupils widely dilated[2].
[Accommodation very erratic. — Ex.]
Summary of Examinations: [Lachrymal secretion increased; pupils, slight mydriasis (50 mm.); optic disc hyperemic; visual acuity reduced; ciliary muscle, tonicity reduced, spasmodic. — Ex.]

3. Ears

No objective symptoms noted.
Summary of Examinations: [External canals: apparently increased secretion of wax in l.; Eustachian tubes somewhat obstructed r. and l., < l. (this was slightly defective at the start, r. being normal). — Ex.]

4. Nose and Throat

A. Dryness of mouth and naso-pharynx nearly all day, not > by drinking water.
C. Great dryness of mouth and throat, extending to nose.
E. Dryness of mouth and throat > temporarily by drinking water.
[Tonsils and faucial pillars red and inflamed in appearance. — Ex.]
Summary of Examinations: [Mucous secretions decreased; dryness and redness of nose and fauces, one side no more affected than the other; no change in character of voice. — Ex.]

5. Respiratory System

A. Respiration markedly increased (17 to 22 per min.).

6. Circulatory System

No subjective symptoms noted.

Summary of Examinations: [Force of pulse wave, as shown by tracings, was markedly increased; frequency of pulse, for all positions and tests, was increased from 14 to 23 beats per min.; rhythm of pulse was regular, with no abnormal dichrotic phenomena. — Phys. Ex.]

7. Alimentary System

A. Colicky pain in hypogastrium[2], with slight nausea.
B. Dryness of mouth and naso-pharynx nearly all day, not > by drinking water.
C. Great dryness of mouth and throat, mouth so dry could not eat without drinking water.
E. Dryness of mouth and throat > temporarily by drinking water.

Difficulty in swallowing food on account of dryness of throat.

9. Urine

SUMMARY OF ANALYSES

Quantity: increased.
Specific gravity: generally diminished.
Odor (June 16): very bad (H_2S).
Total solids: increased.
Urea: increased.
Indican: normal.
Bilirubin: normal.
Albumin: normal.
Sugar: none.
Ratio of urea to uric acid: increased.

SEDIMENTS

A decrease in elements found.

11. Bones and Muscular System

A. General feeling of lassitude.
[Greater sense of muscular fatigue at physiological test. — Phys. Ex.]

14. General Systemic Conditions

General feeling of lassitude.
Felt "dopy" and sleepy [2].

XLIX. Mr. R. T. J. of Boston: medical student; age 25; American parentage; single; height 5 ft. 9 in.; weight 205 lbs.; skin ruddy; eyes brown; hair brown; temperament nervous; no hereditary predisposition to disease; no previous sicknesses of any moment; with exception of some catarrh, not subject to any disturbances of health whatever; present state of health good; uses no tobacco, tea, coffee, or stimulants of any kind.

June 12, 1902. 10 d. ϕ at 4 p. m. 2 hrs. after taking dose, sore throat, on r. side only.
June 13. 10 d. ϕ at 8 a. m., 12:30 and 4 p. m. Sore throat continues, but better.
June 14. No medicine. No symptoms.
June 15. 10 d. ϕ at 9 a. m., 5 and 9 p. m. Some tickling in throat, with cough in evening, lasting only a short time; dryness in throat.
June 16. 30 d. ϕ at 8 a. m., 4 and 8 p. m. After first dose felt very dry in mouth and throat, with burning heat all over body; after 2d dose dryness in mouth continued; when walking on street a sense of insecurity as though the ground were giving way under foot, $<$ l; sensation when walking of feet slipping from under him; sense of tension in frontal region; increase in urine.
June 17. 30 d. ϕ at 8 a. m., 12 m., 40 d. ϕ at 9:30 p. m. Great dryness of mouth and throat continues; after morning dose vision blurred so could not read figures upon thermometer; dizziness; sense of fulness in frontal sinus; in laboratory saw straight line as double; after taking each dose has burning on ulna surface of forearms and burning and redness of skin on back of hands; at 5 p. m. print appeared blurred; in evening of 17th dizziness in dark when he got up to strike a light.
June 18. 40 d. ϕ. at 8 a. m. Dryness of mouth and throat continues; blurred vision, can read print at distance, but not near. [Mucous membrane of nose reddened, $<$ r. Tonsils and fauces with lessened secretion. — Ex.]

1. Mind and Nervous System

A. Burning heat all over body.
When walking on street, a sense of insecurity and sensation as though the ground were giving away under foot [2], $<$ l.
Sense of tension in frontal region.
E. Dizziness: in evening dizziness in dark when he got up to strike a light.

2. Eyes

A. Vision blurred [2], could not read figures upon thermometer; later, print looked blurred.
Saw straight line as double.
E. Can read print at distance, but not near.

3. Ears

Summary of Examinations: [Hearing power for mechanical sounds (watch) increased r. and markedly increased l. (both normal). — Ex.]

4. Nose and Throat

A. 2 hrs. after taking dose, sore throat [2] on r. side only.
B. Some tickling in throat, with cough in evening, lasting only a short time.
Great dryness of mouth [3] and throat [4].
D. Sense of fulness in frontal sinus.
Summary of Examinations: [Pathological changes induced by the drug were transitory, with the exception of lessened mucous secretion, which was noticeable at final examination. The drug produced increased redness of tissue of nose, nasopharynx, and fauces.
On 3d day of proving there was noticed a rounded, reddened elevation on l. portion of uvula (without pain or sensation) similar in appearance to the eruption of measles as first seen in the throat. On 5th day of proving the increased redness of tissues remained, but the elevation had disappeared and there was decreased catarrhal secretion. Five days afterwards the redness had entirely disappeared and the parts had a more healthy appearance than before the proving because of the lessened secretion. — Ex.]

6. Circulatory System

Summary of Examinations: [Force of pulse increased, especially in standing position; rhythm regular, but showed very marked dichrotism. — Phys. Ex.]

7. Alimentary System

A. Great dryness of mouth and throat.
[Taste for sweet, sour, and bitter all slightly decreased. — Phys. Ex.]

8. Genito-Urinary System

A. Increase in urine.
Summary of Examinations: [There was a very slight enlargement of inguinal glands on each side. — Ex.]

9. Urine

SUMMARY OF ANALYSES

Amount: increased.
Specific gravity: lessened.
Total solids: lessened.
Urea: diminished.
Uric acid: diminished.
Indican: normal.
Bilirubin: none.
Albumin: none.
Sugar: none.
Ratio of solids to salts: diminished.
Ratio of urea to uric acid: increased.

SEDIMENTS

Bulk percent. diminished; microscopic appearance, from considerable with amorphous urates to very little without urates.

11. Bones and Muscular System

Summary of Examinations: [Onset of primary fatigue was more abrupt, otherwise no change. — Phys. Ex.]

12. Skin

A. Sensation of burning heat all over body.
E. After taking each dose, has burning on ulna surface on forehead, and burning and redness of skin on back of hands.

14. General Systemic Conditions

A. Burning heat all over body.

L. Mr. G. H. C. of Boston: medical student; age 51; American parentage; male; married; height 5 ft. 11 in.; weight 185 lbs.; skin ruddy; eyes blue; hair grayish; temperament sanguine; constitution robust; no hereditary predisposition to disease; no previous diseases except children's diseases and typhoid; subject to muscular rheumatism, and to catarrhal

affections of nose and stomach; to constipation and slight skin eruptions, otherwise not subject to any disturbances of health; present state of health good; drinks coffee occasionally, which is not discontinued during proving.

June 13, 1902. 15 d. 2 x. dil. at 8 a. m., 12 m., and 4:30 p. m. No symptoms.

June 14. 15 d. 2 x. at 8 a. m. and 12 m. Spasm of sneezing this a. m. followed by dull pain over l. eye for 10 min.; slight dryness, roughness, and sensation of heat in mucous lining of mouth and throat during p. m. without marked decrease of secretions; slight vertigo.

June 15. 20 d. ϕ at 4:45 and 9 p. m. Sensation of dryness in mouth and throat continues.

June 16. 20 d. ϕ at 8 a. m. Slight sensation of dryness in mouth and throat persists, without decrease in secretions; on going into outer air this a. m. a feeling of vertigo, or light-headedness and general sensation of weakness; even eyes feel tired; strained feeling in eyes; after 9 a. m. soreness in naso-pharynx; after 11:30 a. m. dull pain all through head, and fugitive pains in shoulder muscles on r. side; hands feel stiff and full, < l. > at night; superficial stinging pains in various parts.

June 17. 40 d. ϕ at 8 a. m. Same symptoms continued.

June 18. 40 d. ϕ at 8 a. m. Drug discontinued. Sensations recorded on 16th gradually passing off, but vertigo <. Feeling of eye-strain; general headache; some mental depression.

June 21. Eyes feel weak.

June 22. On going out this a. m., same vertigo experienced as on the 16th; also slight sensation of faintness, as if from hunger. [Subjective feeling of heat and burning in pharynx, but no objective symptoms. — Ex.]

June 23. Vertigo and faintness continue, with sense of light-headedness as from deep and hard breathing; continued feeling of eye-strain.

June 26. Vertigo and faintness recorded on 22d and 23d inst. passed off gradually, being nearly all gone to-day.

1. Mind and Nervous System

A. Slight vertigo[3] on going into outer air in a. m., a feeling of vertigo[3] or light-headedness[3] and general feeling of weakness[3].

Dull pain all through head[3] and fugitive pains in shoulder muscles on r. side[3].

Hands feel stiff[3] and full[3], < l., > at night.

Superficial stinging pain in various parts[3].

C. Some mental depression.

Vertigo[3], with sensation of faintness[3] as from hunger, and sense of light-headedness[3] as from deep and hard breathing[3].

2. Eyes

A. Dull pain over l. eye for 10 min., excited by spasm of sneezing.
D. Strained feeling in eyes[4].
Eyes feel weak.
Summary of Examinations: [Pupil, slight mydriasis; visual acuity, reduced; ciliary muscle, slightly reduced tonicity; muscle balance, exophoria lessened; reflexes, photophobia. — Ex.]

3. Ears

Summary of Examinations: [Hearing power for mechanical sounds (watch) r. (sclerotic) increased, — 7/80 to 15/80; l. (normal) increased 41/40 to 56/40; hearing power for vocal sounds, r. notably increased; l. unchanged; hearing power for fork, by bone conduction, somewhat increased r. and l; perception of musical sounds of varied pitch, unchanged; lower limit of tone perception, unchanged; upper limit of tone perception, r. (defective sclerotic) very perceptibly lowered; l. (normal) unchanged. — Ex.]

4. Nose and Throat

A. Spasm of sneezing followed by dull pain over l. eye.
Slight dryness, roughness, and sensation of heat in mucous lining of mouth[5] and throat[5] during p. m. without marked decrease of secretion[5].
B. Soreness in naso-pharynx.
E. [Subjective feeling of heat and burning in pharynx, but no objective symptoms. — Ex.]

7. Alimentary System

A. Sensation of dryness and heat in mouth and throat without marked decrease of secretion[5].
E. [Subjective feeling of heat and burning in pharynx, but no objective symptoms. — Ex.]

9. Urine

SUMMARY OF ANALYSES

Quantity: diminished.
Special gravity: increased.
Solids, total amount: increased.
Urea: first increased then diminished.
Per cent. of urea: increased.
Uric acid: increased.

Per cent. of uric acid: increased.
Indican: normal.
Bilirubin: none.
Albumin: trace in prelim., none afterwards (no casts).
Sugar: none.
Ratio of total solids to salts: diminished.
Ratio of urea to uric acid: diminished.

SEDIMENTS

Microscopic appearance: elements increased over preliminary sample; mucus: much increased at 2 different times, otherwise as in prelim. exam.

10. Blood

SUMMARY OF EXAMINATIONS

Leucocytes: increased (.49 to .72 per cu. mm.)
Lymphocytes small: slight increase.

11. Bones and Muscular System

A. General sensation of weakness.
Fugitive pains in shoulder muscles on r. side.
Hands feels stiff and full, < l. > at night.
[A few cramps appeared in tests for muscular fatigue — Phys. Ex.]

12. Skin

SUMMARY OF EXAMINATIONS

[Apparently less dandruff; no lesions of body. — Ex.]

14. General Systemic Conditions

General feeling of weakness.
Superficial, stinging pains in various parts.

LI. Miss R. B. of Boston: medical student; age 23; American parentage; single; skin ruddy; eyes brown; hair brown; temperament sanguine; constitution strong; hereditary predisposition to rheumatism; no previous sicknesses except children's diseases, diphtheria, and malaria; somewhat subject to neuralgia, tonsilitis, occasional palpitation, and at one time had eczema behind ears; not subject to rheumatism or to any other disturbances of health; present state of health good; uses neither tea nor coffee.

November 5, 1903. 10 d. ϕ at 11 a. m., 3:05, and 7:25 p. m. 1 p. m. dull parietal headache began, which lasted through day, with feel-

ing of tension later in p. m. in frontal and temporal regions; 6 p. m. burning in eyeballs while in open air, less when indoors.

November 6. 10 d. ϕ at 7:05 a. m., 12 m., and 7:20 p. m. 2 p. m. smarting and burning in r. eyeball.

November 7. 10 d. ϕ at 7 a. m., 12 m., and 8 p. m. Awakened last night, some time before 12, by severe, labor-like pains in lower part of abdomen, also sharper pains, more like colic, higher up in abdomen, with passage of flatus, which gave relief; somewhat wakeful during remainder of night, but with no more pain. 10 a. m. yellow coating down centre of tongue; mouth dry and tastes "feverish."

November 8. 10 d. ϕ 7:45 a. m., 3:10 and 8:55 p. m. 10 a. m. mouth dry; lips sticky; after 3:10 p. m. mouth very dry and lips parched, making speech difficult; speech somewhat confused.

November 9. 10 d. ϕ at 8 a. m. and 1 p. m.; 20 d. ϕ at 5:30 p. m. 1 p. m. some slight, ill-defined difficulty with eyes; 5:30 p. m. nose feels stuffed and very dry; 7 p. m. some bleeding on blowing nose; 9 p. m. sneezing; lips dry and cracked, alæ of nose red and sore; eyes somewhat bloodshot; not able to read or write without great difficulty; as soon as head is bent over a page, letters become blurred and indistinct; changing the direction of the glance for the briefest space relieves this, but it returns at once as the eyes become fixed again; letters appear double as well as blurred.

November 10. 20 d. ϕ 7:30 a. m., 3 and 8 p. m. Morning stool, hard, dry, and lumpy; 4 p. m. dull aching in lower part of abdomen; 5 p. m. menses commenced, 3 days ahead of time (usually very regular and latterly entirely so); some cough caused by tickling in chest; sight still greatly impaired; eyeballs somewhat sensitive to pressure; small blood-clots blown from nose; 8 p. m. eyes sensitive to light, feel better in dark.

November 11. 20 d. ϕ at 7 a. m. On waking, pain in lower abdomen; 4:30 p. m. great depression without sufficient cause (not usually depressed during the flow).

November 12. 20 d. ϕ at 7:20 a. m., 2 and 7:30 p. m. 8 a. m. dull, frontal and temporal headache > from pressure; 10 a. m., head hot; headache < and extending back to occiput; legs weak and trembled, especially when going downstairs; steady, dull ache through pelvis and down thighs (unusual at this time, sometimes noted earlier); heavy, weary feeling in legs; lower half of body feels so tired she can hardly walk; during evening eyes smarted and burned so much that she was obliged to give up writing.

November 13. 20 d. ϕ at 6:40 a. m. 10 a. m. considerable pain in lower abdomen; weary, tired feeling all p. m.

November 14. 20 d. ϕ at 10 a. m. and 4:45 p. m. 3 a. m. awakened with much pain in bowels and great desire for stool > after stool, which was quite large and soft, like a greenish-brown slime; wakened again about 5 a. m. and at 7 a. m. with similar pain, and relief after stool; no appetite; intense, bursting headache; 7 a. m. headache no better, no further movement of bowels.

November 15. 20 d. ϕ at 9 a. m., 1 and 7 p. m. No symptoms recorded.

November 16. 20 d. ϕ 7 a. m. and 4 p. m. General malaise, head-

ache, backache, weakness, and tired feeling in legs; menses stopped after continuing 2 days longer than usual.
November 17. 20 d. ϕ at 9 a. m. No further symptoms recorded.

1. Mind and Nervous System

A. 1 p. m. dull, parietal headache began, which lasted through day, with feeling of tension, later in p. m., in frontal and temporal regions.
B. Somewhat wakeful during night.
Speech somewhat confused.
C. Great depression without sufficient cause.
D. Dull frontal and temporal headache, > from pressure; later, head hot, headache < and extending back to occiput.
Weary, tired feeling all p. m.
E. Intense, bursting headache.
General malaise, headache, backache, weakness and tired feeling in legs.

2. Eyes

A. Burning in eyeballs while in open air, > when indoors.
Smarting and burning in r. eyeball.
C. Eyes somewhat bloodshot.
Unable to read or write without great difficulty; as soon as head is bent over page, letters become blurred[2] and indistinct[2]; changing the direction of a glance for the briefest space > this, but it returns at once as soon as the eyes become fixed again.
Letters appear double as well as blurred.
D. Eyeballs somewhat sensitive to pressure.
In evening, eyes somewhat sensitive to light, feel > in dark.
E. During evening, eyes smarted and burned so much she was obliged to give up writing.

4. Nose and Throat

A. Mouth very dry, making speech difficult.
C. Nose feels stuffed and very dry.
Some bleeding on blowing nose.
Alæ of nose red and sore.
Sneezing.
E. Small blood-clots blown from nose.

5. Respiratory System

A. Some cough caused by tickling in chest.

6. Circulatory System

A. Head hot.

7. Alimentary System

A. Awakened last night, some time before 12, by severe, labor-like pains in lower part of abdomen, also sharper pains, more like colic, higher up in abdomen, with passage of flatus, which gave relief.
Yellow coating down centre of tongue.
Mouth dry[2] and tastes feverish.
B. Lips sticky and parched, dry and cracked.
C. Morning stool, hard, dry, and lumpy.
E. At 3, 5, and 7 a. m. awakened with much pain in bowels and much desire for stool, > after stool, which was quite large and soft, like a greenish-brown slime.
No appetite.

8. Genito-Urinary System

A. Dull aching in lower part of abdomen (before menstruation).
5 p. m. menses appeared 3 days ahead of time (usually very regular and latterly entirely so).
B. On waking, pain in lower abdomen (during menstruation).
4 p. m. great depression without sufficient cause (not usually depressed during flow).
C. Steady, dull ache through pelvis and down thighs (unusual at this time, sometimes noted earlier in period).
Heavy, weary feeling in legs; lower part of body feels so tired she can hardly walk (during menstruation).
E. Menses continued 2 days longer than usual.

11. Bones and Muscular System

A. Legs weak and tremble, especially when going upstairs.
Heavy feeling in legs.
Lower half of body feels so tired she can hardly walk.
B. Weary, tired feeling all the p. m.
E. Backache, weakness and tired feeling in legs.

13. Tissue Changes

Alæ of nose red and sore.

14. General Systemic Conditions

Somewhat wakeful at night.
Weary, tired feeling.
General malaise.
General weakness.

LII. Dr. A. S. C. of Boston: physician; age 28; American parentage; female; married; no children; height 5 ft. 4 in.; weight 175 lbs.; skin fair; eyes brown; hair auburn; temperament sanguine; constitution strong; no hereditary predisposition to disease, or previous sickness of moment; with exception of tendency to post-nasal catarrh and constipation, is not subject to any disturbance of health whatever; present state of health good; drinks tea and coffee, which are not discontinued during proving.

December 4, 1903. 10 d. ϕ at 12 m. and 5 p. m. No symptoms.

December 5. 10 d. ϕ at 7 a. m., 12 m., and 6 p. m. 11 a. m. (4 hrs. after dose) while on the street, dull headache over l. eye, lasting about 1 hr.; 2 p. m. face very red, felt as though all the blood in the body was in her face; eyes blurred and letters became indistinct in reading and writing.

December 6. 10 d. ϕ at 7 a. m., 1 and 6 p. m. 10 a. m. (3 hrs. after dose) could not see to read, but could see distant objects; discharge from vagina of glairy mucus, like raw white of egg, lasting all day (subject only to slight leucorrhea 2 or 3 days before menses); 1 p. m. blur still before eyes; 7 p. m. pain in l. side of pelvic region, coming and going; in evening, intense itching of vulva (both labia), extending to mons > by bathing parts in very cold water, leucorrhea of morning still continues.

December 7. 10 d. ϕ at 7 a. m. and 12 m. Leucorrhea < (same character); itching of vulva all day; sight dim for near objects all day; pupils dilated; 2 p. m. (2 hrs. after dose) headache over both eyes, with red face; pain was dull, extending to margin of hair, not in eyeballs.

December 8. 10 d. ϕ at 7 a.m., 12 m., and 6:30 p. m. Leucorrhea still present; menstruation began at 11 a. m., without pain or discomfort (usually begins without warning); this is 3 days before menses are due; this has never happened before; flow more profuse than usual on first day; much exhausted from walking a short distance; 4 p. m. face very red; felt soreness in pelvic region and as though she could not walk; on going to bed she got relief from pain by lying on stomach on a hot-water bag (usually no pain).

December 9. 15 d. ϕ at 8 a. m. and 12 m. Same feeling in pelvic region, > from keeping still, continued throughout day; dull pain in back, lower abdomen, and upper part of thighs; menstrual flow moderate; wanted to get off by herself and be left alone; disinclined to talk or make any exertion; in p. m. dull headache over eyes; unable to read; no inclination to mental effort; 2:30 p. m. began to have nausea (unusual); by 6 p. m. felt so miserable she could not eat, with flushed face; frontal headache as though head would split, < from light, < in warm room, > in cold room; sight confused; nausea continued from > lying down.

December 10. No drug; headache better; nausea at 9 a. m. > by walk in open air at 11 a. m.; 4 p. m. face very much flushed; great thirst; not satisfied by water, but quenched by lemonade; nausea at 7:30 p. m. in warm room; flow moderate.

December 11. 15 d. ϕ at 7 a. m. 9 a. m. nausea continuing, while in house, all day, < after meals; 12 m. dull, frontal headache, lasting through day; headache over eyes > by pressure, by keeping eyes closed, by lying down in dark room and by keeping quiet; head felt as if spreading apart; 3 p. m. face flushed; thirsty all day; menstrual flow moderate.

December 12. 10 d. ϕ at 7 a. m. and 2 p. m. Nausea began an hour after breakfast, with dull headache over eyes; 3 p. m. face flushed; eyes sensitive to light all p. m. and evening, with desire to keep them closed; great thirst all p. m. and evening, finally quenched by cider; in evening felt logy; still flows a little; no pelvic symptoms.

December 13. 10 d. ϕ at 8 a. m. and 4 p. m. Menses stopped during night; leucorrhea like boiled white of egg, bland and without odor; felt logy; nausea all day > while in open air; great thirst all day as from "inward fever" only > by acid drinks; reading difficult.

December 14. 10 d. ϕ at 6:45 a. m., and discontinued. Nausea and dull headache over eyes on waking; during night had dream of erotic nature, which awoke her with a start; headache > by cold, open air; nausea ceased while out of doors, but continued during day when in warm rooms; thirst continued all day; eyes felt heavy; leucorrhea continued as yesterday; more easily irritated than usual.

December 15. Headache after breakfast; no nausea; still some thirst; leucorrhea continued.

December 16. Felt very well all day; leucorrhea < from walking; no thirst.

December 17. Felt very well; leucorrhea decreased.

December 18. Very slight leucorrhea.

1. Mind and Nervous System

A. Dull headache over l. eye.
2 p. m. headache over both eyes[4] and red face[2]; pain was dull, extending to margin of hair, not in eyeballs.

B. Wanted to get off by herself and be left alone.
Disinclined to talk or make any exertion.
No inclination to mental effort.
Frontal headache[2], as though head would split, < from light and in warm room, > in cold room.

C. Headache over eyes, > by pressure, by keeping eyes closed, by lying down in dark room and by keeping quiet.
Head felt as if spreading apart.
Felt logy[2].

E. Dull headache over eyes on waking; headache > by cold, open air.
During night had dream of erotic nature, which awoke her with a start.
More easily irritated than usual.
Headache after breakfast.

2. Eyes

A. Eyes blurred[3], letters became indistinct in reading[2] and writing.
Could not see to read[2], but could see distant objects.
B. Sight dim for near objects all day.
Pupils dilated.
D. Eyes sensitive to light all p. m. and evening, with desire to keep them closed.
E. Eyes felt heavy.

6. Circulatory System

A. 2 p. m. face very red[2]; felt as though all the blood in her body was in her face.
Face flushed at 3 or 4 p. m.[4]
E. Sensation of "inward fever."

7. Alimentary System

A. Nausea[4], could not eat, > by lying down, > by walking in open air, while in open air, < after meals, < while indoors.
Nausea in warm room; nausea ceased while out of doors, but continued during day when in warm room.
Nausea began 1 hr. after breakfast; nausea on waking.
B. Great thirst[4] not satisfied, but quenched by lemonade; great thirst all p. m. and evening, finally quenched by cider; great thirst all day as from "inward fever" only > by acid drinks.

8. Genito-Urinary System

A. Discharge from vagina of glairy mucus like the raw white of egg[3], lasting all day (subject to slight leucorrhea only 2 or 3 days before menses).
Pain in l. side of pelvic region, coming and going.
Intense itching of vulva[2] (both labia) extending to mons > by bathing parts in very cold water.
B. Menstruation began at 11 a. m. without pain or discomfort (usually begins without pain or warning); this is 3 days before menses are due, something which has never happened before.
Menstrual flow more profuse than usual on first day.
Felt soreness in pelvic region as though she could not walk[2], > from keeping still; on going to bed got relief by lying on stomach on hot-water bag (usually no pain).
Dull pain in back, lower abdomen, and upper part of thighs.
Wanted to get off by herself and be let alone.
Menstrual flow moderate[4].

D. Menses stopped during night of 5th day.
Leucorrhea[6] like boiled white of egg, bland and without odor[2], < from walking, afterwards yellow, stiffening the linen[4].
Summary of Examinations: Ovaries, no symptoms appeared.
Uterus: on 1st and 2d day of menstruation, after flow began, there was a dull, heavy pain over uterus (unusual to prover), < moving, > keeping still, > heat, > lying on abdomen; was not severe at any time and passed away entirely after 2d day.
Vagina: slight deepening in hue, no other symptoms.
External genitals: slightly deeper color.
Menstruation began 3 days earlier (never occurred before); no change in flow, lasted about 1 day longer than usual.
Pain over uterine region (unusual), and from back down thighs, dull, < motion.
Leucorrhea continued much more than usual after menstruation; for 2 days after was thick, like partially boiled white of egg; after that yellow, stiffening the linen; "before menstruation leucorrhea like raw white of egg;" leucorrhea < being on feet and walking.
No subjective symptoms, felt perfectly well.

11. Bones and Muscular System

A. Much exhausted from walking a short distance.
E. Dull pain in back and upper part of thighs (during menstruation).

14. General Systemic Conditions

Much exhausted from walking a short distance.
Sensation of "inward fever."
Felt logy[2].
More easily irritated than usual.
Felt miserable.

LIII. Dr. E. K. S. of Boston: physician; age 25; Armenian nationality; female; single; 5 ft. 2 in.; weight 122 lbs.; skin ruddy; eyes hazel; hair dark brown; temperament sanguine; constitution good; no hereditary predisposition to disease; no previous sicknesses of moment; not subject to any disturbances of health whatever; present state of health good; uses neither tea nor coffee.

February 2, 1904. 10 d. ϕ at 8 a. m., 12:30 and 6:30 p. m. Forenoon, extreme nausea; transient pain in back of head; after-

noon, dull pain in l. side of abdomen; sharp, migratory pains in occiput, in l. side of stomach, and in l. arm; nausea after each dose.

February 3. 10 d. ϕ at 8 a. m., 1 and 6 p. m. Forenoon, nausea; appetite poor (usually excellent); bearing down and pressure in lower part of abdomen; afternoon, dull pain all over abdomen; twitching in r. eyelid; evening, bearing-down sensation in abdomen as if menses were coming on, though not due for 15 days (this is an unusual symptom, but the feeling was so strong that preparations were made for the sickness); during day, nausea after each dose, and sharp, momentary pains in l. ovary, r. leg, and r. wrist.

February 4. 10 d. ϕ at 8 a. m., 12:30 and 6 p. m. Forenoon, oppressed, tight feeling in chest, continuing through day, as if a cold were coming on (this has been a constant symptom since taking drug); raw, scraping feeling in throat; afternoon, frontal headache, drowsiness; throat and mouth dry; general uneasiness; during day, nausea, < after each dose; appetite still poor; saliva increased at times; steady, bearing-down sensation, or pressure, in lower part of abdomen; twitching in r. eyelid; sharp, stitching, momentary pains in r. side of abdomen, in r. ear, in l. side of abdomen, in lower part of abdomen, and in wrists; sensation of chilliness much of the time.

February 5. 10 d. ϕ at 8 a. m., 12:30 and 6 p. m. Forenoon, pain in stomach; sharp pain in both ovaries, as if menses were going to start; sharp pain in uterus; afternoon, frontal headache; pressure on chest; loose movement of bowels; dizziness; evening, sensation of weight in stomach; during day, much nausea and gagging, even after retiring, < after each dose; chilly sensation all over body; momentary, sharp, stitching pains in r. ear, r. leg, and lower abdomen (not subject to neuralgia or any pains of this nature).

February 6. 10 d. ϕ at 8 a. m., 1:30 and 5:30 p. m. Sleep much broken; troubled dreams (sleep has been disturbed by bad dreams of falling into water, etc., all through proving); forenoon, dry feeling in throat; feels like lying down and going to sleep; dizzy sensation as if going to fall down; a heavy, "drunk feeling" all over body as if she could not hold herself up; afternoon, pressure in lower part of abdomen; sharp pain in uterus as if menses would come; pressure on chest; frontal headache; evening, migratory pains in upper part of back; during day, much nausea with vomiting, < by moving; appetite very poor; increased thirst; chilliness; sharp, momentary pains in r. ovary, shooting to region of liver in r. side of chest, and in r. ear.

February 7. 10 d. ϕ at 9 a. m., 1:30, and 6:10. p. m. Nervous and restless in night, waking several times (uncommon); forenoon, pressure in chest as if she could not get enough air, > when lying down; afternoon, increased peristaltic action in abdomen with constipation; chilly sensation all over body, likes to be warm all the time (not subject to sensations of chilliness); "drunk feeling" all over body; twitching in r. eyelid; during day, great

nausea, with vomiting; sharp, neuralgic pains in r. face, r. wrist, r. leg, and r. side of abdomen.

February 8. 10 d. ϕ at 8 a. m., 12 m., and 6 p. m. Unable to sleep last night for 2 hrs after retiring, and after 4 hrs. sleep, waked at 3 a. m. with bad dreams, and could not again fall asleep; looked pale on rising; forenoon, bearing-down pain in abdomen, with sharp, bearing-down pain in uterus as if menses would start; twitching in muscles of r. arm; sensation of chilliness; afternoon, frontal headache; migratory pains all over abdomen; very dry feeling in throat; has to drink water to moisten; buzzing in r. ear; feeling as though "curtain" were in front of eyes, continuing through day and obliging her to stop studying; evening, dizziness; heavy feeling in chest, with 2 or 3 dry coughs; urine scanty in quantity, of deep color, but without odor; small, diarrheic movement of bowels; pain in abdomen and back in evening > by lying down; restlessness; during day, nausea, with gagging continued, < after doses; ate very little, but troubled with sensation of hunger; sharp, momentary pains in r. arm, r. ear, l. leg, back of neck and r. wrist; itching as if something were biting flesh on legs, also on back, on bottom of r. foot and on abdomen, but no eruption apparent (never subject to itching of skin).

February 9. 10 d. ϕ at 8 a. m. and 1 p. m. Forenoon, throat very dry, obliged to drink water on account of dryness, not thirst; pressed feeling in chest continuing through p. m.; pressure and pain in lower part of abdomen continuing through p. m.; afternoon, chilly sensation all over body, < in upper part; heavy pain in uterus as if menses would start; "curtain" in front of eyes; dizziness, obliging her to lie down; occipital headache; pain in r. leg; pain in l. temporal region; pain in r. ear; evening, sharp, frontal headache; sharp, migratory pains all over body, < over abdomen and r. side of chest; difficult to breathe, as if not enough air in room; during day, nausea as usual; very poor appetite; sharp, momentary pains in r. ear; in liver, shooting to lower part of abdomen; in back of head, uterus, and legs; itching on legs and l. shoulder.

February 10. No drug. Retired at 9:30 last night, but "could not sleep all night long" (has not had a good night's rest since taking drug); awoke so dizzy and tired she could not get up (felt too sick to attend school, the first time she ever lost a lecture on account of illness); forenoon, urine scanty and highly colored; afternoon, diarrheic stools; chilly sensation all over body, beginning in upper part; twitching in r. eye; lips, mouth, and throat very dry; heavy feeling in head as if too large and heavy for neck to hold up; evening, so dizzy and eyes blurred so much she could not study; retired at 8:30, but could not sleep until 11 from uneasy and heavy sensation all over body; during day, nausea with vomiting; sharp, momentary pains in r. wrist, r. ankle, stomach, and all over abdomen.

February 11. No drug. Awakened with heavy pains in head and legs; very weak; afternoon, oppressed feeling in chest, but not so severe as before; oppressed feeling in abdomen; aching

pain in uterus; desire for movement of bowels, but very constipated; urine very scanty and high colored; throat dry; lips cracked; heavy feeling in stomach; evening, bearing down feeling in ovaries; feels sleepy, but unable to sleep; unable to study on account of heavy feeling in eyes and frontal headache; retired at 9 on account of feeling so heavy and tired, but was wakeful and restless until 11:30; during day, dizziness; less nausea; hunger; chilliness all over body; frontal headache; twitching in r. eye; sharp, momentary pains in l. upper eyelid, r. ear, stomach, in back of head, abdomen, back of neck, r. side of chest, r. arm and in bottom of r. foot; itching over abdomen, in head as of something biting; r. side of face; on legs and finally general over whole body.

February 12. No drug. Awakened at 4 a. m. with dreams of flying through the air and could not go to sleep again; forenoon, scanty urine; peristaltic action in intestines and desire for movement, but very constipated; afternoon, sleepy; buzzing in r. ear (buzzing in ears never before experienced); heavy feeling accompanied by chilliness all over body; very thirsty; pain in stomach followed by gagging; evening, oppressed feeling in chest as if room was too small to breathe in; after lying down oppressed feeling in lower part of abdomen as if menses were about to start; during day, very dry throat, has to drink water often to moisten; hunger; chilliness; twitching in both ears; sharp, momentary pains in r. ankle, liver, l. wrist, back of head, r. fingers, r. side of abdomen and uterus; itching on knees, back, abdomen, and legs.

February 13. No drug. Forenoon, urine very scanty and high colored; stitching pain in lower part of abdomen, < in cold air and after cold drinks; afternoon, oppressed feeling in lower abdomen as if menses would surely start; pain in uterus and aching in vagina; pain all over stomach; much peristaltic action of bowels, although morning movement was free; dizziness; throat dry; very thirsty; evening, heavy feeling; during day, no nausea, and increased appetite; general chilliness all over body; sharp, momentary pains in r. side of chest, r. eye, r. temple, back of head, and r. wrist; itching all over abdomen and back; on r. leg, all over face, and finally over all parts of body.

February 14. 10 d. ϕ at 6 p. m. Late in falling asleep and dreamed of flying and of being in the water; awoke at 6 a. m. with much persistent pain in uterus, sharp pain in lower part of abdomen and menses already started — 4 days too soon (usually entirely regular every 28th day); experienced more sharp, stitching pain than ever before at time of menstruation; (usually no pain whatever); on rising, chilly sensation all over body, which continued during forenoon; heavy feeling all over body; diarrheic movement of bowels; twitching of r. eye; afternoon, pain in legs and sore feeling when not aching; buzzing in ears; oppressed feeling all over abdomen; evening, nausea; peristaltic movement of bowels; pain in ovaries; dry feeling in throat; during day, hunger increased; sleepy feeling; continued sharp pain in uterus, with bright red, odorless flow, which was very

much freer than usual, "first a pain, then a gush of blood"; frontal headache; momentary, sharp pains in stomach and r. face; itching back of ears, over abdomen, and finally all over body.

February 15. 10 d. ϕ at 8 a. m., 12 m., and 5:30 p. m. Awakened during the night by sharp pain in uterus; awoke finally at 6 a. m. with dull aching and sore feeling all over body; forenoon, twitching in r. eyelid; pain and pressure in lower part of abdomen; aching and sore feeling in legs; afternoon, sore feeling in abdomen, < walking; diarrheic movement of bowels; urine scanty; dryness of throat continuing through evening; evening, dizziness; sensation of "curtain" before the eyes; during day, nausea; chilliness and shivering sensation, with feverishness; sharp pains in lower part of abdomen, with unusually free menstrual flow, increased at times of pain and followed by a sensation of weakness; pain in back; frontal headache; pain in back of head; buzzing in r. ear; feeling of oppression in chest as if she could not get enough fresh air; momentary, sharp pains in abdomen, r. wrist, and r. side of face, going to back of head; itching on abdomen.

February 16. 10 d. ϕ at 8 a. m., 12:30, and 5:30 p. m. Very restless, although retiring early; sleep disturbed by bad dreams and awoke at 3:30, after only 3 hrs. sleep, with dream that she was on fire, and could not get to sleep again; arose feeling weak, with legs aching, and looking very pale and ill; forenoon, peristaltic action of bowels increased, following diarrheic stool; pain in r. shoulder; afternoon, bearing-down sensation in pelvis "as if whole uterus would come out"; evening, tight feeling in chest; dizziness; "curtains" in front of eyes; during day, nausea as usual; frontal headache; much sharp pain in lower part of abdomen, followed by chilliness; continued pain in uterus and very free, menstrual flow, < walking; urine scanty and high colored; general chilliness; mouth, throat, and lips very dry; buzzing in ears, < r.; bruised, aching pain in legs, < r., with weakness; momentary, sharp pain in abdomen; itching on r. leg, back of ears, over abdomen and finally all over body "as if something were biting."

February 17. 10 d. ϕ at 7 a. m., 12 m., and 5:30 p. m. Late in falling asleep and awoke at about 3 a. m., after 3 hrs. sleep, with much pain in uterus and profuse menstrual flow; did not go to sleep again; forenoon, throat dry; lips cracked; afternoon, and evening, pain in r. side of abdomen, which went through uterus, followed by very profuse flow; pain in both ovaries; evening, scanty, high-colored urine; heavy feeling all over body; "curtain" in front of eyes; could not study; pain under r. scapula; pain in r. temple to back of head; during day: severe, sharp pain in uterus, < walking; very free menstrual flow; aching in legs; weakness; gnawing, "gone" sensation, with lack of appetite and nausea[4]; chilliness all over body; frontal headache, dull, becoming severe; buzzing in r. ear; sharp pain in r. ear, going to shoulder; sharp pain in r. wrist; itching on legs and all over abdomen "as if something were biting," on l. shoulder, scalp, and finally all over body.

February 18. 10 d. ϕ at 8 a. m., 1 p. m. and discontinued. Very difficult to get to sleep on account of restlessness and aching pain in lower part of abdomen; awakened at 4:30 a. m., after only 4 hrs. sleep, by bad dreams, and could not get to sleep again; before rising, pain in uterus followed by profuse flow; forenoon, bowels constipated; urine very scanty and high colored; buzzing in r. ear; "dark curtain" in front of eyes; throat dry; afternoon, pain in stomach; pain in lower part of abdomen; during day, nausea and poor appetite; chilly sensation all over body; frontal headache; much pain in uterus, accompanied by flowing in gushes; menstrual flow very profuse; momentary, sharp pains in r. wrist and all over body; itching over legs and all over body.

February 19. Slept well, but awoke early; forenoon, bowels constipated; urine scanty; buzzing in ears; pain in l. temporal region; afternoon, slight frontal headache; during day, no nausea; good appetite; a few uterine pains, without increased flow; menstruation less profuse; a few sharp pains over body and one sharp pain in stomach; itching over face and legs.

February 20. Slept well all night; some bearing-down sensation in uterus; menses abating in large degree; a few sharp, momentary pains over body.

February 21. Slept well; no pain in uterus; one sharp pain in r. ovary; one sharp pain in temporal region; no headache; some itching over abdomen late in p. m.

February 22. Slept well; good appetite; menses stopped after 8 full days — the flow usually lasting only 4. (A month later, menstruation again normal in every respect.)

1. Mind and Nervous System

A. Sharp, migratory, momentary stitching pains in upper eyelid; r. eye; r. temple; r. temple, going to back of head; l. temporal region[2]; r. ear[7]; r. face[3]; back of head[8]; back of neck[2]; r. side of chest[4]; stomach[4]; l. side of stomach; liver; liver, shooting to lower part of abdomen; all over abdomen[4]; r. side of abdomen[3]; l. side of abdomen; lower part of abdomen[3]; r. ovary; r. ovary, shooting to region of liver; l. ovary; uterus; r. shoulder; r. arm[2]; l. arm; wrist; r. wrist[8]; l. wrist; r. fingers; legs; r. leg[3]; l. leg; r. ankle[2]; bottom of r. foot; all over body (not subject to neuralgia or any pains of this nature).

Frontal headache[10].

Drowsiness[2]; feels like lying down and going to sleep; feels sleepy, but unable to sleep.

General uneasiness; B — restlessness[2].

B. Sleep much broken; nervous and restless in night[3]; waking several times (uncommon); C — retired early "but could not sleep all night long" (has not had a good night's rest since taking drug); sleepless from heavy and uneasy

sensation all over body; D — awoke about 3 a. m. after only 3 hrs. sleep; E — awakened at 4:30 a. m. after only 4 hrs. sleep.

Troubled dreams (sleep has been disturbed by bad dreams of falling into the water, etc., all through proving); after 4 hrs. sleep, waked at 3 a. m. with bad dreams, and could not again fall asleep; C — awakened at 4 a. m. with dreams of flying through the air; D — late in falling asleep and dreamed of flying and of being in the water; sleep disturbed by bad dreams and awoke at 3:30 a. m., after only 3 hrs. sleep, with dream that she was on fire, and could not get to sleep again; E — awakened at 4:30 a. m. by bad dreams, and could not get to sleep again.

Dizzy sensation as if going to fall down; dizziness [6]; dizziness, obliging her to lie down; C — awoke so dizzy and tired she could not get up.

A heavy, "drunk" feeling all over body [2], as if she could not hold herself up.

Occipital headache.

C. Heavy feeling in head as if too large and heavy for neck to hold up.

Very weak [3].

Heavy feeling all over body [4].

2. Eyes

A. Twitching of r. eyelid [7]; D — in both eyes.

B. Feeling as though "curtain" were in front of eyes [6], continuing through day and obliging her to stop studying [2].

C. Eyes blurred so much she could not study.

Heavy feeling in eyes, with frontal headache, prevented study.

Sharp, momentary pains in r. eyelid; D — in r. eye.

3. Ears

A. Momentary, sharp, stitching pains in r. ear [6].

B. Buzzing in r. ear [5] (buzzing in ears never before experienced).

Pain in r. ear.

D. Buzzing in both ears [3] < in r.

Itching back of ears [2].

4. Nose and Throat

A. Raw, scraping feeling in throat.

Throat [14] and mouth dry, has to drink water to moisten [3], but not from thirst.

5. Respiratory System

A. Oppressed, tight feeling in chest [3], continuing through day as if a cold were coming on [3].
B. Momentary, sharp pains in r. side of chest.
Pressure on chest [7], as if she could not get enough air [2], > when lying down, as if room were too small to breathe in.
Heavy feeling in chest through evening, with dry cough.
C. Difficult to breathe, as if not enough air in room.
E. Tight feeling in chest.

7. Alimentary System

A. Extreme nausea [12]; nausea after every dose [5]; B — nausea, with gagging [2], even after retiring; nausea, with vomiting [2], < by moving.
Dull pain in l. side of abdomen.
Sharp, migratory, stitching, momentary pains in stomach [4]; l. side of stomach; liver; liver, shooting to lower part of abdomen; all over abdomen [4]; r. side of abdomen [3]; lower part of abdomen [3].
Appetite poor [6] (usually excellent).
Bearing down and pressure in lower part of abdomen.
Dull pain all over abdomen.
Saliva increased at times.
B. Pain in stomach [4], followed by gagging.
Loose movement of bowels in p. m.; small diarrheic movement of bowels; C — diarrheic stools in p. m.; D — diarrheic movements [3], followed by increased peristaltic action of bowels.
Increased thirst [3].
Very dry feeling in throat [14], has to drink water to moisten [3], not from thirst.
Increased peristaltic action in abdomen, with constipation [2]; D — much peristaltic action in bowels, although movement was free [2].
Pain in abdomen, > by lying down.
Ate very little, but troubled with sensation of hunger [4].
C. Pressure and pain in lower abdomen [2].
Mouth [2] very dry, and lips dry [2] and cracked.
Oppressed feeling in abdomen [2], with desire for movement of bowels, but very constipated [2].
Heavy feeling in stomach.
D. Stitching pains in lower part of abdomen, < in cold air and after cold drinks.
Sore feeling in abdomen, < walking.
E. Much sharp pain in lower part of abdomen, followed by chilliness.

Gnawing, gone sensation in stomach, with lack of appetite and nausea.
Aching pain in lower part of abdomen.

8. Genito-Urinary System

A. Bearing down sensation in abdomen as though menses were coming on, though not due for 15 days (this is an unusual symptom, but the feeling was so strong that preparations were made for the sickness).
Sharp, momentary pains in r. ovary; r. ovary, shooting to region of liver; l. ovary and uterus.
Steady, bearing-down sensation, or pressure[2] in lower part of abdomen.
Sharp pain in both ovaries as if menses were going to start.
Sharp pain in uterus as if menses would come.
B. Bearing-down pain in abdomen, with sharp, bearing-down pain in uterus as if menses would start.
Heavy pain in uterus as if menses would start.
Urine scanty in quantity[9] and high colored[6].
C. Aching pain in uterus.
Bearing-down feeling in ovaries.
Oppressed feeling in lower abdomen as if menses would surely start[2].
Pain in uterus and aching in vagina.
Awoke with much persistent pain in uterus, sharp pain in lower part of abdomen, and menses already started, 4 days too soon (usually entirely regular every 28 days).
Experienced more sharp, stitching pain than ever before at time of menstruation (usually no pain whatever).
Pain in ovaries.
Continued sharp pain in uterus, with bright red, odorless flow, which was very much freer than usual, "first a pain, then a gush of blood."
D. Awakened during night by sharp pain in uterus; sharp pains in lower part of abdomen, with unusually free menstrual flow, increased at times of pain and followed by sensation of weakness.
Pain in back.
Bearing-down sensation[2] "as if whole uterus would come out."
Pain in uterus and continued free menstrual flow, < walking.
Awoke at 3 p. m. with much pain in uterus and profuse menstrual flow.
Pain in r. side of abdomen, which went through uterus, followed by very profuse flow.
Pain in both ovaries.
Severe sharp pain in uterus, < walking; very free menstrual flow[2].

Before rising, pain in uterus, followed by profuse flow.
Much pain in uterus accompanied by flowing in gushes.
E. A few increased uterine pains without increased flow.
Menses stopped after 8 full days (flow usually lasting only 4).

11. Bones and Muscular System

A. Migratory pains in upper part of back.
B. Twitching in muscles of r. arm.
D. Pains in legs, and sore feeling when not aching.
Dull aching and sore feeling all over body.
E. Aching[2] and sore feeling in legs.
Pain in back.
Legs ache, with feeling of weakness.
Pain in r. shoulder.
Bruised, aching feeling in legs, < r., with weakness.
Pain under r. scapula.

12. Skin

A. Itching, "as if something were biting", on scalp[2]; r. side of face; all over face[2]; back of ears[2]; on back[3]; l. shoulder[2]; abdomen[9]; r. leg[2]; legs[7]; knees; bottom of r. foot; over whole body[6], but no eruption apparent (never subject to itching of skin). [These symptoms were extended over a period of 14 days. — D.]

14. General Systemic Conditions

General uneasiness; nervous and restless in night; restlessness[3].
Sensation of chilliness[4] much of the time; chilly sensation all over body[8], < in upper part, beginning in upper part; likes to be warm all of the time (not subject to sensation of chilliness); on rising, chilly sensation all over body; chilliness and shivering sensation, with feverishness.
Drowsiness[3]; feels like lying down and going to sleep.
Sleep much broken; nervous and restless in night[3], waking several times (uncommon); retired early "but could not sleep all night long" (has not had a good night's rest since taking drug); sleepless from heavy and uneasy sensation all over body; awoke about 3 p. m. after only 3 hrs. sleep; awakened at 4:30 a. m. after only 4 hrs. sleep.
A heavy, "drunk" feeling all over body[2], as if she could not hold herself up.
Very weak[3].
Heavy feeling all over body[4], accompanied by chilliness and tired sensation[2].

CHAPTER IV

THE RESULTS IN A NEW SCHEMATIC FORM

(PHYSIOLOGICAL OR SYSTEMIC)

Symptoms are presented in groups, and these groups are arranged as nearly as possible in the order of their development in the course of the proving. In each group the letters A to E, preceding symptoms, denote the relative period in the proving in which the individual symptoms thus designated first appeared. Double numerals affixed to symptoms denote, first, the number of provers who experienced the symptom given, and, second, the number of days on which it was recorded.

1. Mind and Nervous System

Headache. **Types**: frontal (f), $^{31-133}$; headache, without specification (h), $^{15-46}$; general (g), $^{9-20}$; vertical (v), $^{10-16}$; occipital (o), $^{7-17}$; parietal (p), $^{6-9}$; supra-orbital (s-o), $^{4-7}$; temporal (t), $^{4-6}$; temporo-frontal (t-f), $^{1-4}$; temporo-parietal (t-p), $^{1-2}$; temporo-sphenoidal (t-s), $^{1-2}$.

Sides. Right $^{18-72}$ (f $^{8-57}$; h $^{4-6}$; g $^{1-1}$; v $^{1-1}$; p $^{2-3}$; s-o $^{1-2}$; t-p $^{1-2}$). Left $^{6-13}$ (f $^{2-6}$, p $^{1-1}$, t $^{1-1}$, t-f $^{1-4}$, t-s $^{1-1}$).

Direction. Extending: from r. supra-orbital region to eyes; from forehead to back of eyes; from forehead to back of ears $^{1-2}$; in forehead to margin of hair; from forehead farther back than before; from forehead around head; from forehead to occiput $^{3-8}$; from both ears to vertex; through from l. to r. temple $^{1-2}$; through temples to forehead; from occiput to frontal region $^{1-4}$; from occiput over vertex to frontal region $^{1-4}$; from occiput to temples; from occiput through root to nose, between eyes $^{1-2}$.

Intensity. Slight $^{10-11}$ (f $^{5-5}$, h $^{3-3}$, s $^{1-2}$, o $^{1-1}$). Severe $^{10-17}$ (f $^{4-5}$, h $^{4-10}$, g $^{1-1}$, v $^{1-1}$).

Duration. Temporary (f $^{2-2}$); for $\frac{1}{2}$ hr. (g); about 1 hr. (f, h $^{2-2}$, g); lasting 2 hrs. (f $^{1-2}$, t-s); lasting much of the day (f, v); lasting until bedtime (f); lasting all day (f $^{2-3}$, h $^{1-9}$, v $^{1-2}$); all day and evening (f); from 11 a. m. until after dinner, at 6 p. m. (g); from 1 p. m. through day (p); from 3 p. m. until retiring at 10 p. m. (h).

Character. Dull $^{34-76}$ (f $^{12-25}$, h $^{8-13}$, v $^{4-8}$, p $^{3-5}$, g $^{2-4}$, t $^{2-4}$, o $^{1-4}$, s-o $^{1-2}$, t-s $^{1-1}$). Sharp $^{4-7}$ (t-f $^{1-4}$, f, o, s-o). Continuous $^{4-11}$ (f $^{2-9}$, o, v). Throbbing $^{4-4}$ (h $^{3-3}$, f). Bursting $^{3-3}$ (o, p, h).

Heavy (h $^{2-4}$). Splitting $^{2-2}$ (s-o, g). Boring as if pressed in by the knuckles (t-f $^{1-4}$). Tearing (p). Twisting (p). Of congested nature (h). Dreadful (h). Indescribable (h). "As if it had been knocked" (t). "As if pressed with something hard" (t-p). As though sleeping too soundly (g). Which comes and goes (g $^{1-2}$). Coming and disappearing quickly (h $^{2-2}$). Coming on in waves (f).

Time. Toward morning (h). On waking $^{5-8}$ (h $^{3-5}$, f $^{1-2}$, g). Continuing on waking (f). On rising (f). In morning (f). In forenoon (h). 11 a. m. (f $^{1-2}$). 1 p. m. (p). 2 p. m. (f $^{1-4}$). 3 p. m. (h). 4 p. m. (h). 5 p. m. (f, g). 6:30 p. m. (o $^{1-2}$, t $^{1-2}$). In p. m. (f). Increased up to 7 p. m. (h). 8 p. m. (p). Returning at 8 p. m. (g). In evening $^{2-3}$ (f $^{1-2}$, g). Disappearing gradually at bedtime (g). On retiring (f). During night (f; h). All night (h).

Appearance. Appearing 45 min. after 30 d. ϕ and disappearing after about 3 hrs. (f); $\frac{1}{2}$ hr. after taking drug (f); after straining at stool (h); after doing some housework (h); after breakfast (h). Cause; violent coughing (p); walking (f); trying to study (h).

Sensations. Full feeling $^{3-4}$ (h $^{2-2}$, p $^{1-2}$). Feeling of tension $^{3-3}$ (p, f, t). Fulness in whole head, < in occiput (f). Head hot (f). Head heavy (f). S. as if head were too heavy for neck (h $^{1-2}$). S. as of something within head pushing outwards (f). S. as if top of head were lifting up (g). S. as if whole top of head were coming off (g).

Accompaniments. Preceded by fulness in throat. Accompanied by: flushed face $^{3-4}$ (f $^{2-3}$, h); temples sensitive to touch (t); heavy feeling just in front of vertex (h); dread of jar (h); pain over r. eye (f); pain back of eyeballs (f); aching in eyeballs (f $^{1-7}$); aching through eyes $^{2-2}$ (o, p); vertigo (h); backache (h $^{1-3}$).

Aggravations: by motion $^{5-5}$ (v $^{2-2}$, f, h, g); by sudden motion (v); while moving (s-o); when stooping (h); from jar (h); from noise $^{2-2}$ (f, v); from light (f); after eating (f); from smoking (h); in house (f); in warm room (f); on lying down (f $^{1-2}$); when lying down, but unable to sit up (h); on first lying down, until getting quiet (t-p); during day (f); in p. m. (t-f $^{1-3}$); in p. m. and evening (f); toward evening $^{3-3}$ (o, v, f); in evening (f).

Ameliorations: by going out of doors into open air $^{7-8}$ (f $^{3-4}$, g $^{3-3}$, h); by cold air $^{2-2}$ (g, f); in cold room (f); by resting (f); by keeping quiet (f); by nap at 3 p. m. (f); by lying down in dark room (f); by keeping eyes closed $^{3-5}$ (t $^{1-2}$, o $^{1-2}$, f); after rising (f); with hat on (g); by pressure $^{3-3}$ (f $^{2-2}$, t); by bending head backward $^{2-4}$ (o $^{1-2}$, t $^{1-2}$); after eating $^{2-2}$ (f, v); after supper (g); by menstrual flow (h); by bleeding from nose (f).

Miscellaneous. Headache focuses in r. eye as if it were going to burst open with pain.

At beginning of proving, pain < in frontal region, but at end of proving it became < in occiput.

Disturbance in Head. **Tension.** Strained sensation in head and eyeballs; B — sense of tension in frontal region; sensation of tension in eyeballs which extends to forehead; D — sensation of band around head $^{2-2}$; sensation of pressure in head from within outwards.

Fulness. Full feeling in head; head felt full, < r. side; B — head felt full from l. to r. temple; C — head felt full in frontal region; head felt as if spreading apart; E — thick feeling in head, which seemed to extend from ear to ear.

Heaviness. Heavy feeling; B — heavy feeling in region of frontal sinus; head has felt very heavy; C — heavy feeling in head as if too large and heavy for neck to hold up; D — heavy feeling in forehead and eyeballs; heaviness in head.

Mental States. **Impatience.** Impatient; impatient and wants to cry on being questioned.

Increased Mental Activity. Awaking suddenly at 2 a. m., after 5 hrs. sleep, and lay awake 2 hrs. with clear and active thoughts which he could not control, finally falling asleep as from mental exhaustion and waking with headache and mental fatigue; prover showed a state of exaltation for one night only, as shown by restlessness, talking in sleep, spasmodic contractions of various parts of the body, and pulling unconsciously at her hair; C — laughs about little things, although usually very quiet; E — after drug had been discontinued 48 hrs., the slowness of mentality which had lasted many days changed to a condition of increased mental activity, all the faculties being alert, "as after drinking coffee."

Anxiety. Felt hurried, anxious, and very irritable, wearing off by 8 p. m.; in evening anxious and worried.

Foreboding. Feeling as though she could easily lose consciousness $^{1-2}$; B — an indefinite feeling of strangeness; D — feels foreboding as of some impending illness.

Fright. B — frightened feeling, questioning herself "Is this feeling like death?" C — easily frightened, looked under bed for some one because he thought the bed moved.

Hallucinations. When drowsy it seemed certain that there were persons in the room, although there were none; felt surprised that no one was present; D — while lying in bed, in partial sleep, thought people were in the room.

Delirium. C — very delirious, talks wildly, eyes look staring and wild; delirious, so that he did not record

any symptoms or see examiners, but talked a great deal during latter part of p. m. and evening, followed by heavy sleep during night. [The delirium and talking were reported by his room-mate, who also reported the face to be flushed almost scarlet. — D.] [Examiners and class-mates report that prover was delirious a great deal of the time during p. m. and evening. — D.]

Absent-Mindedness. Cannot keep mind on one subject; absent-minded [2-5]; E — mind seems to wander; queer feeling about head, somewhat confused and absent-minded.

Confusion. Head confused; confused feeling in head; an undefined feeling as if things about him were different than usual; B — dazed sensation; C — confusion in head; confusion of thought; D — mental confusion on street; E — confused and absent-minded.

Forgetfulness. Could not remember anything very long [1-2]; very forgetful, cannot remember day of week or day of month; B — forgetful; D — memory defective during evening; E — markedly forgetful, starts to tell a thing and forgets particulars. [Prover would ask the same questions over and over again, even though they had been answered. — D.]

Desire for Solitude. B — wanted to get off by herself and be left alone.

Desire for Quiet. Wanted to lie down and close eyes [1-2]; C — wanted to be still.

Thoughts Self-Centred. Thoughts wrapped up in himself; attended theatre, but could not laugh although play was humorous, could not divert mind from himself, felt he was boring his company.

Slow Mentality. C — mind slow to act; D — slowness of thought; E — mind acts slowly, cannot recall events readily; slowness of mentality, which had lasted many days, changed after drug had been discontinued 48 hrs. to a condition of increased mental activity.

Mental Fatigue. Awoke with mental fatigue after increased mental activity during night; has to force herself to study or to think [1-2]; D — must compel himself to think; head very tired; E — mental faculties seem about normal when beginning to study after a few hours' rest, but in about ½ hr. head and eyes begin to ache, feels tired, cannot comprehend and becomes confused and discouraged. (When in usual health can study several hours without marked fatigue.)

Stupidity. Stupid all day; stupid feeling [1-3]; B — feels stupid [1-3]; E — stupid, < p. m.

Mental Dulness. C — dulness of thought [2-2]; dull feeling

in head [2-3]; head feels dull and confused; mentality dull; D — dull feeling in head with drowsiness; has semi-conscious feeling; E — mind seems dull; dulness of head on waking, > after breakfast.

Listlessness. Listless feeling; B — no inclination to mental effort.

Depression. Some mental depression; evening depressed [1-3] and blue [1-8]; B — feels depressed [1-2]; C — great depression without sufficient cause; E — 5 p.m. awakened after 2 hrs. sleep with great mental depression [1-2]; seems depressed and discouraged.

Despondency. Feels despondent at times and then very cheerful; tendency to sigh; while taking drug was not cross or irritable, was inclined to be indulgent with her family and was stupid, absent-minded, and frequently jolly; laughing violently at small things, but discouragement and melancholia came on as soon as the dose was decreased and proved the most trying symptom noticed; B — inclined to be discouraged [1-3] and melancholy; C — despondent and restless, pacing up and down the room; D — feels dreadfully despondent when waking in a.m., but gets better as day goes on; extreme melancholy and "anguish of mind."

Lack of Concentration. B — in evening, after taking drug, tried to study but could not collect thoughts; D — difficulty in concentration [1-2], or fixing the mind; cannot concentrate mind upon one subject, wanders to other subjects; E — hard to collect thoughts.

Loss of Sense of Direction. C — on returning home in the evening, after director's examination, noticed loss of sense of direction; would take car going in opposite direction from that in which he intended going; when actually going north felt as though he were going south; required great effort to keep headed in the right direction; wanted to take car west, yet boarded car going east; confusion only affected sense of direction, could distinguish streets and names very clearly.

Speech. **Aversion to Talking.** Disinclined to talk [2-3].

Stammering. The prover has always stammered somewhat, but since taking the drug, this has been worse.

Confusion. B — speech somewhat confused; when engaged in conversation, ideas became confused and speech difficult and stuttering; C — tongue felt thick, could not talk easily, did not seem to have good control of tongue.

Sleep. Drowsiness [7-12]; drowsy, < in p.m. [1-2]; D — drowsiness all day. Sleepy [6-16]; feels half asleep all the time; feels like lying down and going to sleep; feels sleepy, but unable to sleep; abnormally sleepy; tired and sleepy,

< after dinner; 3 p. m. strong inclination to sleep lasting about 1 hr.; C — all day inclined to be sleepy; D — very sleepy, could hardly keep eyes open; sleepy feeling in p. m., with difficulty in keeping awake; sleepy all p. m., was kept awake with difficulty from 2 to 5 p. m.

Sleep troubled; sleep restless[6-8]; sleep broken[2-2]; sleep much broken[2-2]; slept poorly[4-10]; little, or no sleep, with unpleasant dreams; sleep disturbed by troublesome dreams[8-9]; sleep disturbed by twitching in various parts; sleep disturbed by jerking; awakened frequently by jumping; broken sleep with hungry, gnawing feeling in stomach; B — an uneasy night; somewhat wakeful during night; retired early "but could not sleep all night long"; has not had a good night's sleep since taking drug; sleepless from heavy and uneasy sensation all over body; C — slept poorly, being awake about 3 hrs. out of 8; slept in short naps from which dreams awoke him, falling asleep again and having a different dream, which again awoke him; talked aloud in sleep; awoke finding himself talking aloud, even after a short nap; D — nauseated and had to go to bed, but was long in falling asleep; sleep disturbed; more difficult to get to sleep and wakes often during night; difficult to get to sleep at night; could not sleep for a long time on account of contractions and backache, although feeling strongly inclined to sleep; afterwards talked for some time in her sleep; sat up in bed 2 or 3 times and dug head fiercely, tearing at her hair, but unconsciously; felt quite hysterical; never had a similar experience; in morning felt only tired and weak; E — slept badly, very restless, tossing about from side to side.

Sleep unrefreshing; awoke very tired[1-8]; C — slept a good deal during the day, but does not feel rested; awoke tired after sleeping very heavily; E — drops asleep immediately upon lying down, sleeps too soundly, and awakes unrefreshed; unrefreshing sleep in p. m. with troubled dreams.

Sleep, as to time: fore part of night very restless; did not sleep well before midnight, afterwards rested quietly; restlessness until 6 a. m., only good sleep from 6 to 6:30 a. m.; slept well first part of the night, restless in latter part; B — restless sleep, awaking at 4 a. m.[1-2]; C — slept until 4 a. m., after that restless and sleepy; wakes too early; D — awoke about 3 a. m. after only 3 hrs. sleep; E — awakened at 4:30 a. m. after only 4 hrs. sleep; slept poorly towards morning.

Overpowered by sleep at 8 a. m. and went to bed for a nap of 2 or 3 hrs.; went to sleep twice in church; slept in p. m.[1-2]; B — short, restless nap from 10 a. m. to 2 p. m.;

dined at noon and slept until 6:30 p. m.; C — went to sleep in p. m. more easily than usual; after supper felt so tired and unusually sleepy that she retired at once; D — 10 a. m., became drowsy and slept till noon.

Dreams. Dreamed all night; dreaming whenever dropping asleep; troublesome dreams disturbing sleep[8-9]; troubled dreams all night[1-9]; dreams of trouble[1-3]; dreams of quarrelling[1-2]; dreams of accidents; dreams about injuries; dreams of misfortune of all kinds; very unpleasant dreams, one to the effect that she was in jail; distressing dreams[1-2]; B — dreams of things happening to others; troubled dreams; sleep has been disturbed by bad dreams of falling into water, etc., all through proving; troubled dreams about ineffectual efforts to do things; after 4 hrs. sleep waked at 3 a. m. with bad dreams and could not again fall asleep; C — awakened at 4 a. m. with dreams of flying through the air; many dreams, awakened frightened; D — late in falling asleep and dreamed of flying and of being in the water; sleep disturbed by bad dreams and awoke at 3:30 a. m., after only 3 hrs. sleep, with dream that she was on fire, and could not get to sleep again; E — awakened at 4:30 a. m. by bad dreams, and could not get to sleep again; sleep disturbed by dreams of nervous character; unrefreshing sleep in p. m. with dreams of all kinds of trouble and calamities; after midnight, awoke three times frightened by vivid dreams; after daybreak awoke frightened with a violent start from a dream of fire, but fell asleep again.

Inclined to confused dreams in early a. m.; dreams which she could not recall; C — memory of dream ideas blunted — does not remember dreams well; D — sleep interrupted by dreams which were hazy.

Dreamed all night of insects[1-2] — felt as though something were crawling over the back and in the hair, got up to examine but could find nothing; dreamed during the night of lice on head, awakened and searched for them but found nothing[1-2]; B — [another prover] disagreeable dreams of "vermin on me."

Sleep disturbed by amorous dreams and seminal emissions; C — awakened by emission after erotic dreams; E — during night had dream of erotic nature which awoke her with a start.

B — dreams vivid; E — a dream so pleasant as to be remembered (unusual).

C — sleep disturbed by excessive dreaming as soon as he drops asleep; dreams awakened him with a start, then quickly fell asleep again dreaming on a different subject; lay awake much, dreamed a good deal; D — had dreams,

which is unusual with him; sleep full of dreams; E — sleep disturbed by dreams, hence awoke unrefreshed.

Pain. Pain at all times of day and *in all parts of body;* pains of all kinds began early and continued throughout proving; pain in all parts of body, during day, and as frequently during evening as during day, < when sitting down and quiet, and not seeming to produce any nervousness by their frequency; [seven days after stopping drug, the pains mentioned occurred less frequently, but when they did occur they were far more severe than when taking drug. — D.]; superficial, stinging pain in various parts of body[1-3]; momentary, sharp, darting pains all over body[3-5]; during afternoon and evening flying pains in various parts of body; B — momentary, dull pains in many parts of body; C — slight, sharp pains in different portions of body; E — pains in different parts of body, coming and going suddenly[2-2] < motion.

Sensation of pain *around head.*

Extremely severe pain in *forehead*, sharp, but of short duration; during day, pains in upper part of forehead, dull in character, going from r. to l. and vice versa; pain in r. forehead.

Pain in r. *side of head*, above temple, spreading like network over top of head; sharp pains in r. side of head[1-5]; momentary dull pains, especially about r. side of head[1-2]; heavy aching pain in r. side of head; pain in r. side of head[2-9]; momentary, dull pains, especially in l. side of head.

B — dull pain through *eyebrows;* a momentary, dull, heavy pain under both eyebrows, between temples, accompanied by sensation as if something opened and shut; C — momentary pain under r. eyebrow in region of superior oblique muscle; D — sharp pain under l. eyebrow, shooting backward.

Sharp pain over *eyes;* sharp, stitching pains in upper eyelids; sharp momentary pain in r. eye and over l. eye[1-2]; B — pain in eyeballs, shooting back into cranium; D — a peculiar aching pain seemed to pass over vertex from l. eye to a spot in l. occipital region, there lingering a moment and passing onward down the neck; some throbbing accompanied pain which came quickly, became dull, and gradually passed away.

Pain above r. *temple;* pain in r. temple[2-2]; sharp pain in r. temple going to back of head; sharp, twinging pain in l. temporal region[3-5]; sharp pain in l. temple, into and through l. eyeball[1-6]; sudden, sharp pain in l. temple, recurring through entire day, < p. m., making l. eye water, burn, and smart.

Pain in front of r. *ear;* pain in r. ear[1-7]; pain back of r. ear, in five distinct darts, with dull pain between them, ceasing suddenly; pain in l. ear[2-2]; pain back of l. ear; pain about ears. C — neuralgic pain under r. ear; D — sharp, sudden pain shot forward directly over l. ear into temple.

Sharp, stitching pains in r. *face*[1-3]; sharp, migratory pains in r. face; B — severe, slow, steady pain in l. side of face beginning just below ear, back of jaw, involving lower jaw only, extending through jaw to first molar tooth (which is decayed, tender, and has ached before) — this came on first at night, but much < by cold air next day (temp. 7 deg. with snow), becoming very severe, the pains being dull and lasting rather than sharp and intermittent; sudden, dull pain in l. side of face, especally in l. lower jaw, recurring at intervals during day in jaw, covering small space only, not severe but quite uncomfortable; sharp pains in lower part of face; sharp pain about lower lip.

All day, sudden, fleeting pains (going suddenly) in all the *teeth*, alveolar processes and jaws, < l., < pressure. Sharp, momentary, stitching pains in *back of head*[1-8]; migratory pains in occiput; sharp, migratory pains in occiput[1-8]; momentary, sharp pains in l. occiput, coming over to l. eye; D — pain in occiput, just back of basilar process.

Sharp, migratory pains *back of neck*[2-2]; fleeting pains in neck and back; neuralgic pains from back of neck to mastoid process and through r. face to temple and above r. eye; [region supplied by r. small occipital nerve and auriculotemporal, also fibres of superior maxillary branch of the r. trifacial. — Ex.] B — pain across neck and shoulders[1-4] and up behind l. ear[1-2].

Darting pains in *shoulders*[1-2]; sharp pain in shoulder; transient pains in arm over insertion of deltoid; fugitive pains in shoulder muscles on r. side[1-3]; sharp pain in r. shoulder; neuralgic pains about r. shoulder continuing to circumflex nerve; sharp pain in r. shoulder[3-4]; neuralgic pain about l. shoulder[2-4], darting in character, confined to circumflex nerve; sharp pain in l. shoulder joint; fleeting pains in l. shoulder; twinges in l. shoulder; fleeting pains between l. shoulder and neck extending down arm to hand; D — aching pain from r. shoulder down to hand.

Intermittent, strong pains in r. side of *chest* extending into arm-pits; sharp pains in both arm-pits[1-3]; sharp pain in sternum; shooting pains in l. breast; sharp pain back of l. nipple[1-5], < while inhaling; pain through chest at l. nipple; pain back of l. nipple, so sudden and sharp as to cause raising of hand to chest and involuntary exclama-

tion; sharp, sticking pain in region of r. nipple; stitching pain in r. chest; sharp, momentary pains in r. side of chest [2-5]; sharp, migratory pains in r. side of chest [1-5]; sticking pain of short duration in r. side of chest; sharp, intermittent pain in r. chest wall between third and fourth ribs; sharp, sticking pain in r. anterior lateral chest; sharp, darting, neuralgic pain in sixth and seventh dorsal nerves extending around r. side; sharp pain in l. chest; sharp, momentary pains in l. side; sharp, intermittent pains in l. side under third rib; sharp, darting pain in l. chest wall under and below scapula; C — sharp, shooting pains under l. breast several times during day; E — sharp pain in l. chest above breast, which lasted for ½ hr. and disappeared gradually in about 15 min.

Sharp pain in *epigastrium* [2-2]; transient, cutting pain through epigastrium, between sternum and umbilicus, without tenderness; sharp, stitching pains in *stomach* [1-4]; in l. side of stomach; sharp, migratory pains in stomach [1-5]; stitching pains in *hypochondria*, < l.; sharp pain in l. hypochondrium; sharp, stitching pains in *liver;* in liver, shooting to lower part of abdomen; sharp, momentary pain in liver [1-4]; sharp, stitching pains all over *abdomen* [3-9]; shooting pain in abdomen; migratory pains all over abdomen [1-2]; sharp, momentary pain in r. side of abdomen [2-4]; in l. side of abdomen [3-7]; sharp pain in lower part of abdomen [1-2]; sharp, momentary pain in lower part of abdomen [1-2]; sharp, stitching pain in lower part of abdomen [3-8]; in abdomen, especially from navel to r. groin; sharp pain in r. *groin;* in l. groin; sharp, transient pain in r. *inguinal region*, > resting; transient pain in l. inguinal region; 4 p.m. sharp pain in l. inguinal region; sharp, momentary pains in both *ovaries;* sharp, stitching pains in r. ovary [3-4]; in r. ovary, shooting to region of liver; sharp, momentary pains in l. ovary [2-3]; in *uterus* [2-2]; sharp pain in region of *scrotum* proceeding to anus, causing prover to double up for a time because of its severity; sharp pains in *anus;* sharp pain in *back;* sharp, migratory pains in upper part of back; sharp pain in back and r. shoulder coming and going quickly; [weather clear, humidity 74. — D.]; sharp, darting, neuralgic pain in sixth and seventh dorsal nerves extending around r. side; aching pain in middle of back from side to side, < standing or walking, > when still; pain in small of back [2-2]; stitching pain in l. side of back extending downwards across waist line; quick, darting pains in lower part of spine; sharp, and quite steady pain in r. lumbar region near spine; quick, darting pains in lower part of spine; transient pain in r. lumbar region; B — sharp pains under

lower angle of l. scapula with soreness to touch; C — wandering pains down the back; neuralgic pains down the back.

Sharp pains in *arms* [1-6]; sharp, momentary pains in r. arm [1-2]; sharp pain entire length of r. arm; pain in r. arm running from shoulder to tips of finger in pulsating waves; sharp pain in r. arm, extending from biceps muscle to end of fingers; migratory pains in r. arm [1-2]; sharp pain in l. upper arm; twinges in l. arm; twinges in fleshy part of l. arm; migratory pains in l. arm; sharp, stitching pain in l. arm [2-2]; sharp, neuralgic pains down l. arm to hand [1-3]; sharp pain inside l. forearm; B — pain entire length of l. arm; shooting pain in l. upper arm; C — wandering pains in l. arm and hand; dull pain between neck and l. shoulder, extending down arm to hand; E — sharp pains back of arm from shoulder to elbow, coming and going suddenly, were repeated every 10 min. for 1 hr. after evening dose. Sharp, momentary pains in *wrist;* in r. wrist [2-10]; in l. wrist [2-3]; B — momentary, dull pain in wrists; D — at night, darting pains in r. wrist [1-2].

Sharp pains in *hands* [1-4]; sharp pain in r. hand [3-6]; sharp pain in back of r. hand [2-2]; in l. hand [2-4]; about hands; transient pains about metacarpal bones; D — momentary, dull pains about hands [1-2]; 2 sharp pains in r. hand and l. ear simultaneously; C — wandering pains in l. hand.

Sharp, momentary pains in r. *fingers;* in l. index finger; in thumbs of both hands; in end of l. thumb; B — sharp, stinging pain in r. thumb; momentary, dull pain in thumb of l. hand.

Sharp pain in l. *hip* [2-9]; neuralgic pains in l. hip; twinges in l. hip.

Sharp, migratory pains in both *legs;* some sharp pains in lower limbs; sharp, momentary pains in legs [2-3]; in r. leg [1-3]; in r. leg extending from hip to ankle [2-2]; in l. leg [1-2]; sudden, sharp, rhythmical pain from l. hip to ankle, recurring for 5 min.; sharp pain in l. thigh [1-6]; neuralgic pains in l. thigh; sharp, darting, neuralgic pain in l. sciatic nerve extending down leg and ending in l. external saphenous nerve; flying pains between l. knee and thigh; sudden pain shooting down l. anterior crural nerve to knee; drawing pain, posteriorly, extending from above to below l. knee [1-2]; drawing pains in leg, < crossing knees, with numbness while crossed; C — pain in l. thigh to knee, < crossing l. over r. knee; pain when putting l. thigh muscles on a stretch; pain in l. sciatic nerve; sharp pains in lower limbs.

Sharp pain in region of *knee;* sharp pains in knee-joints; > by motion; sharp pains in both knees; twinges in

both knees; fleeting pains in r. knee; darting pain through r. knee; sharp, shooting pains in r. knee [2-5]; sharp pain in r. knee [3-4]; over r. knee [1-4]; in l. knee [1-4]; sharp pain in region of l. knee; twinges in l. knee; twinging under l. knee, which made her feel like throwing the knee up; B — momentary, dull pains in both knees; momentary, sharp, and dull pains, sometimes pulsating, about knees; all the morning, knee-joint pains (no tenderness to touch) upon bending knees to sit down, especially when crossing l. over r. knee.

Sharp pains in both legs from *knees to ankles;* sharp pains in shin bones; in r. shin bone; strong pains flying from l. knee to foot and back again about 5 m.; sharp pain in outside of calf of l. leg; twinges of pain in l. calf followed by a momentary sense of soreness.

Sharp pains in *ankles* [2-2]; transient pains about ankles; sharp pain encircling l. ankle [1-2] like cramp; sharp pains about ankles [1-2]; sharp, migratory pains in r. ankle [1-3]; sharp, momentary pains in r. ankle [2-3]; darting pains in r. ankle [1-3]; sharp pain in l. ankle [3-3]; B — momentary, dull pains in ankles [1-2].

Sharp pains in *feet* [2-4]; in r. foot [1-3]; inside r. foot; darting pains in r. foot [2-2]; sticking pain, while walking, in sole of r. foot, also for 5 m. while lying down; sharp, momentary pain in bottom of r. foot; in l. foot [1-2]; sharp pain in l. heel; in instep of r. foot [1-3]; in outside l. foot, midway between heel and toes; on l. side of foot; across l. foot up into instep; in instep l. foot [1-2]; in l. foot, across instep and toes; in l. foot near middle toe; B — momentary, dull pains in feet; momentary, sharp and dull pains, sometimes pulsating, about feet; momentary, dull pains in both feet; darting pain in r. foot, almost continuous for a while.

Sharp pains in *toes;* in toes of l. foot; in bottom l. foot near middle toe; drawing pain in l. foot in region of great toe; pain in l. great toe streaking up to instep, appearing and disappearing suddenly, but lasting 15 m.; B — momentary, dull pains about toes, especially those of l. foot..

Sharp, migratory pains in *all the limbs* [1-4].

Aching. B — dull, aching numbness in legs; C — backache [2-6]; awoke tired with backache [1-4]; awoke from sleep with severe backache in lumbar region; D — awoke about middle of night with severe backache in lower part of back, causing restlessness.

General Nervousness. Very nervous; general nervousness with desire for change of position when sitting, not noticed when lying down — excitement increases the

whole state; B — has felt quite nervous [2-2]; light and noise made her nervous [1-2]; when engaged in conversation became very nervous, ideas became confused, and speech difficult and stuttering; felt nervous [2-6]; nervous, hurried feeling; nervous and trembling sensation; nervously depressed, as if from shock; C — exceedingly nervous all day [2-3]; general nervousness [2-4], with sensation of trembling; weak, trembling and very nervous; the least excitement < nervousness; nervous, hurried feeling in region of stomach; E — feels very nervous [2-3] (ordinarily not nervous); startled at every unexpected noise; cannot bear to have anyone talk in a high-pitched voice; in p. m. and evening, a peculiar nervousness appeared, referred particularly to legs and feet, to relieve which he kept constantly walking.

Irritability. Disposition irritable [1-3]; B — felt irritable [3-6], cross [2-3], and fretful; made irritable by slight noises; evening, very irritable and made nervous on slight provocation; for 3 nights has felt irritable and nervous during evening and found it difficult to preserve an even temper and has secured only about 5 hrs. restless sleep instead of 8 hrs., as customary; C — sensitive to noise, which irritates nerves; noticed noises more than usual; noise is unbearable; hands tremble [1-2] and are in constant motion; carphologia; felt herself "the most ill-used person in the world"; wants everything his own way, if not is enraged; every little annoyance hard to bear; inclined to cry from irritability; D — everything seems to go wrong; very irritable; least little thing upsets him; feels like scolding; E — more easily irritated than usual; answered questions sharply; awoke irritable and cross, with spirit of opposition.

Restlessness. General uneasiness; restlessness [4-11]; restless all night [1-5]; restless and turning all night; prover restless, constantly changing position; D — a feeling of fulness in thorax developed in p. m. and was accompanied by nervous restlessness; lower limbs restless, wants to keep them moving [1-2]; B — very restless all day; found it difficult to sit quietly while studying; so restless could not settle to anything; nervous and restless in night [1-3]; waking several times (uncommon); C — restless at night, could not find an easy position; restless, pacing up and down the room; D — toward night restlessness; E — somewhat restless at night; very restless 2 hrs. before rising; in p. m. and evening, became so restless he could not sit still for two minutes.

Twitching. Twitchings in various parts of the body disturbing sleep; B — muscles of l. arm twitching all day [1-2];

E — in the night, twitching in muscles of arms and legs; after sitting a while legs twitch.

Jumping. Awakened frequently by jumping; awoke several times (especially 3 and 5 a. m.) with a jump and jaws set so tightly that they ached; prickling sensation at night caused him to jump.

Jerking. Jerking of individual muscles all over body and limbs, continuing during day; sleep disturbed by jerking; B — prickling sensations at night caused feet and legs to jerk [1-2]; jerking in whole r. leg (had chorea in childhood); C — choreic jerkings, < evening and while listening to sermon; jerking of individual muscles — felt especially when his mind is occupied — beginning in a. m. and continuing through day; jerking in r. shoulder, then passing down spine into legs — felt especially when sitting and > when walking about — these contractions occurring sometimes as frequently as 6 per min. and again only once in 10 min., < by noise, and continuing during sleep; twitching and jerking of individual muscles, especially in legs, continued in various forms for 12 days; D — muscular jerking, especially increased when the least excited, and continuing during night; convulsive jerking of entire body, on attempting to go to sleep, continued all night, also formication and jerking, one leg at a time; muscles fatigued from continuous jerking.

Spasms. Several times rigid spasms in region of larynx; D — contraction of body prevented sleep; spasmodic contractions all over body, lasting nearly 1 hour.

Dullness. Dull feeling [1-2]; felt very dull [1-4]; every day dull and heavy < 11 to 2 o'clock; C — feels dull and drowsy; E — dull and tired feeling on waking.

Heaviness. Heaviness of feet and legs while sitting; B — heavy and uneasy sensation all over body, preventing sleep; apathetic, "dopy," stupid feeling all day, with no desire to do anything which required exertion; C — heavy feeling all over body [1-4]; a heavy, "drunk" feeling all over body [1-2]; r. leg feels heavy; l. leg heavy [1-9]; felt "tough"; felt dopy and sleepy; felt logy [1-2]; D — feels "good-for-nothing"; E — feels as if he had been on "a big spree"; great heaviness in legs, back, and thighs, as if he had walked a great distance; dull, heavy, sluggish feeling, < between 11 a. m. and 2 p. m., when everything seemed a great effort, even breathing.

Clumsiness. Physical sluggishness in moving about, resulting in heavy, clumsy movements, hitting against chairs, etc.; clumsiness; hands feel stiff [1-3] and full [1-3], < l., > at night; C — arms are awkward, cannot hold packages in hands without their slipping down; l. leg feels swollen;

D — feeling as if hands were swollen; drawn feeling on closing hands; hands feel stiff and clumsy.

Indolence. Disposition to remain quiet [1-2]; feeling of lassitude; everything is an effort [1-2]; requires an extra amount of will power to work; feels quiet and does not want to move; B — disinclined to make any exertion; C — general feeling of lassitude; during day very indolent; disinclination to either study or work [2-2], wants to rest and sleep; D — aversion to labor and even to moving; E — aversion to any kind of labor, feels like lying down continually; desire to lie quietly.

Weakness. Feeling of weakness [3-4]; very weak [1-3]; general feeling of weakness on going into outer air in a. m. [1-3]; 4 p. m. weak sensation all over similar to that once felt when tonsilitis was developing; upon rising from sitting or lying posture legs seem weak and as though they would not hold up the body, but this sensation soon passes off; B — weak all over [1-3]; very weak and easily tired; very weak feeling all over [1-3], so that even talking was too great an effort; great weakness of limbs; weak feeling in legs [1-2] from noon through p. m.; C — faint feeling; sensation of faintness [1-3] as from hunger; feels so weak can scarcely walk; general muscular weakness [1-2], < in legs; things fell out of her hands, which had no power; weak, trembling, and very nervous; D — awoke feeling well, but at 10 a. m. began to feel very weak and tired; prostration [1-3], < in p. m.; general weakness, < in hands; feels somewhat weak and unsteady; feeling of weakness in arms, hands, and lower extremities; legs and small of back feel too weak to support body; feels weak in legs; E — complains of great weakness; general weakness of body; does not seem to have any strength; very weak [1-2], had to lie down and rest; legs are tired and weak; great weakness in legs [1-2], < on going upstairs; weakness back of knees; knees feel weak, can hardly get around.

Fatigue. Feels tired [7-28] and worn out [1-7]; B — feels exhausted; feels very tired, as though she had been overworked; C — tires very quickly, upon least exertion; perspiration and weakness oblige him to desist; very much fatigued all the time; very tired [1-2], as if he could get no rest anywhere; so tired he could hardly stand; l. leg tired; D — general tired feeling [1-2]; weary, tired feeling all p. m.; tired, worn feeling; E — fatigue and faintness after slight exertion; went to bed early, feeling all worn out; tired feeling in legs.

General Malaise. 8:15 p. m., began feeling sick all over; B — 7 p. m went to bed with general sick feeling over entire body [1-2]; C — gone feeling; feels on verge of

nervous illness; face pallid and people remarked upon his sick appearance; E — looks pale and worried; general malaise.

Light-headedness. Feeling of light-headedness [1-3], or vertigo, on going into outer air in a. m.; B — feels light-headed [2-2]; C — sense of light-headedness as from deep and hard breathing [1-3]; D — feels light-headed [1-2], < after walking; E — feels light in the head [1-2], "as if there was nothing in it."

Dizziness. Slight vertigo [2-4]; dizziness [7-26]; dizziness occasionally; has times of feeling dizzy; objects seem to be whirling around or to be falling away; vertigo when lying down; slight vertigo upon rising from sitting posture; 2 hrs. after first dose of tincture, vertigo on rising from chair; vertigo on walking, with dimness of vision; dizziness only on standing or walking; B — dizziness in a. m. [1-6]; vertigo with staggering on rising; feels dizzy as if intoxicated, with unsteady gait; dizzy sensation as if about to fall down; dizziness obliging her to lie down; C — awoke so dizzy and tired she could not get up; dizziness just before noon, "as though bilious"; vertigo with sensation of faintness [1-3] as from hunger; marked vertigo so that he refuses to take any more of the drug; momentary vertigo when rising from sitting posture; dizziness when standing still; much vertigo when stooping; D — vertigo on stooping; momentary dizziness, < walking and standing; dizziness when looking at anything; vertigo and tendency to fall when closing eyes; very dizzy [2-2], everything went around; E — after breakfast, vertigo [1-3] gradually developed, < sitting up or any sudden motion [1-3], > lying quietly; in evening dizziness in dark when he got up to strike a light.

Uncertainty in Walking. Step unsteady [1-3]; feeling of uncertainty in walking; staggering and tottering with unsteady gait; stumbling; stumbling when going upstairs; tendency to walk towards the l. [1-2]; falling to the l.; when walking is liable to bump against furniture, not from vertigo, but rather from an inert condition; when walking on street a sense of insecurity and sensation as though the ground were giving away under foot [1-2], < l.; B — unsteady gait, feels dizzy as if intoxicated; staggers upon walking; D — tendency to stagger to the r.; E — quick movements cause staggering.

Unsteadiness. Uncertainty in sitting down; hands unsteady in unfastening clothing; unsteady feeling as though about to stagger; sensation as if she should stagger if the eyes were closed; queer, tottering feeling as if she should stagger if the eyes were closed; feels like falling when

eyes are closed; sensation as if about to fall backward, at times obliged to take a step backward to relieve this feeling; feeling as if about to fall; B— head feels top-heavy; cannot tell whether standing straight or not; 11 a. m. suddenly r. eye felt as if expanding and protruding, with sensation of nausea and light-headedness, while the ground seemed coming up and she seemed about to fall backward; D— feels somewhat weak and unsteady; slight faintness and sensation of unsteadiness, < on rising from sitting posture; tendency to fall when closing eyes.

Tremor. Sensation of trembling in hands, < by anything exciting; trembling of hands; marked trembling of hands; sensation of fine tremor all over, < inside body; C — trembling all down l. side; trembling of limbs [1-2]; E — trembling of hands [2-2].

Tingling. Tingling [1-2] with numb sensation on tip of tongue when touched against the teeth; tingling, with itching all over body; sense of tingling over distribution of median nerve, with some tenderness of nerve, which prover says does not come from any extra exertion and cannot be accounted for; C — tingling in r. arm and fingers as though asleep; slight tingling in spine [1-6].

Numbness. Numb sensation on tip of tongue, with tingling, when touched against the teeth; numbness of r. shoulder and hand [1-3]; numbness of extremities; C — numbness in legs, with pain and desire to draw up legs for relief; numbness in legs with aching pain, < r. side and on lying down; 9:20 a. m. chill up the spine followed by slight tingling in spine and after about 3 min. numbness and pain across lower back which lasted until afternoon, this same group of symptoms being repeated with diminishing intensity on six subsequent forenoons; 6:15 p. m. a chill ran up the spine followed by numbness across back, below waist, lasting 10 min. Then suddenly a headache struck below the occipital boss, extending through to root of nose between the eyes, > and < suddenly, also gusts of aching pain through from l. to r. temple, behind, and touching the eyeballs, which felt small, loose in their sockets and pushed forward, < l. eye; the headache > by bending head backward and by closing eyes. All these symptoms appeared the same on the following evening; E — awoke at night with sensation of lightness in feet and could not feel the bed with her feet, was very drowsy, but unable to sleep; cutaneous nerves near palmar surface of fingers, were numb, with peculiar tingling feeling on rubbing hands together to relieve numbness.

Paralysis. Tendency to walk toward the l. [1-2]; falling to the

l.; C — upper lids seem heavy and paralyzed [1-2]; eyes were half closed and she could not raise lids further [1-2]; loss of power in l. leg [1-2] and l. arm; legs do not readily respond in action — cannot take long steps, cannot walk fast — seems like a motor paralysis; had awkward feeling in legs and arms — they were not entirely under control of the will; 2 p. m., while standing, suddenly felt queer as if about to fall from weakness, an all-gone feeling on l. side — tried to walk and found l. leg dragged because too heavy and from loss of power; this feeling wore off after an hour, only little touches of it remaining during evening. A similar group of symptoms developed 2 days later, lasting about an hour, and leaving l. leg and l. arm rather weak. [This proving had to be abandoned as we feared a spinal myelitis affecting the legs might develop. The l. leg was heavy for a long time afterwards. — D.] D — tendency to stagger to the r. with feeling of weakness in legs.

Chilliness. Chilliness extending from neck down back; C — 9:20 a. m., a chill up the spine; 6:15 a. m. a chill ran up the spine.

Sensitiveness. C — sensitive to cold air [1-3]; abnormally sensitive to draft; over-sensitive to cold and wind when out-of-doors; thigh sensitive to touch over l. external saphenous nerve.

Sensations Unclassified. Tooth feels too long; sensation as though the pillows were sinking down; when standing, a drawing sensation extending from nape of neck to feet; marked sensation of contraction in area of l. radial nerve; C — legs felt as if cold water were running down in them [1-3]; feeling as if cold water were running down l. leg from hip to toes.

Hysteria. Felt hysterical [2-2]; hysterical symptoms, especially globus hystericus appeared at times; D — globus hystericus; at night felt quite hysterical (never had a similar experience) in morning felt only tired and weak.

Summary of Examinations

(Numbers refer to Examinations)

Pulse: easily excitable.[1]
General hyperesthesia: noted [1].
Nervous tension: increased [1].
Nervous unrest: noted [2].
Nervous energy: general improvement [1].
General nervousness: exaggerated [6].
Reflexes in general: exaggerated [15]; variable [1]; unchanged [6].
Elbow reflex: exaggerated [3].

Patellar reflex: exaggerated [7]; diminished [2].
Plantar reflex: increased [1].
Jaw clonus: present [1].
Subsultus tendinum: noted [2].
Tremor: present [4], especially in hands.
Twitching: slight fibrillary in thigh [1].
Jerking: choreic, of legs [7].
Tenderness: of median nerve [1].
Numbness: slight, in distribution of both median nerves [1].
Station: static ataxia, noted [7].
Muscular sense: unchanged.
Muscular co-ordination: unchanged.

2. Eyes

Pupils dilated [12-38], < r.; widely dilated [7-9], with flushed face [1-2], without re-action, especially l.; C — slightly enlarged; dilated to "size of peas"; dilated soon after taking drug; so dilated he could not see; D — widely dilated before noon and so remained all day, with very marked dilation at 8 p. m.; following 2d dose of drug, vision began to blur rapidly, "could almost notice pupils dilate."

Vision. Blurring. Eyes blur [3-13]; eyes blurred, could hardly see; everything blurs; blurring of vision [5-10]; B — feeling as though "curtain" were in front of eyes [1-6], continuing through day and obliging her to stop studying [1-2]; vision became so much blurred that "everything turned black"; C — vision blurred for 3 or 4 hrs; on waking eyes much blurred, could hardly see anything; E — sight very much blurred for 3 hrs.; "can't see straight," eyes blur [2-2]; print looks blurred [1-7]; vision disturbed, letters blurred; blurring of type while attempting to read; eyes blurred [1-3], letters became indistinct in reading [1-2] and writing; cannot read because letters blur; vision blurred [1-3] and indistinct, when reading, letters run together; B — letters run together when reading; vision blurred [1-2], could not read figures upon thermometer, later print looked blurred; eyes blur, can't read very well; C — blurring of vision [1-3], with dimness, when attempting to use the eyes [1-2], to read fine print [1-2], or to do close work; eyes blurred so much she could not study; sight blurred in 20 m. after taking dose, so she could not read, > in 3½ hrs.; D — vision blurred, cannot see to read more than 3 or 4 lines of print; later, eyes more blurred, cannot see what she writes, not even by resting eyes as she could before; vision slightly blurred, not so clear as usual for reading; E —

print seems indistinct and blurred; letters blur when attempting to read; blurring of type when reading.

On reading, letters are plain for minute or so, then he has to look off to rest eyes; near vision > for instant on first looking, but immediately lost and became blurred; could read at first glance but blurring soon followed; B — could determine an object at first glance, but on continuing to look everything seemed to run together; objects blur $^{1-2}$ after using eyes a few moments; C — unable to read or write without great difficulty, as soon as head is bent over page, letters become blurred $^{1-2}$ and indistinct $^{1-2}$; changing direction of a glance for the briefest space > this, but it returns at once as soon as the eyes become fixed again; on attempting to read, letter first seemed clear, soon looked irregular, then blurred and disappeared entirely $^{1-2}$; on attempting to write found same difficulty; D — "at times the vision clears up nicely, but only for a short space of time, then gradually blurs again — the sensation is that of something opening and shutting, first partially obscuring the vision, then opening and allowing good, clear vision, the period of dimness of vision being much the longer of the two"; E — on reading for 5 m. has to stop because letters blur.

Blurring of vision in reading, as soon as he looks attentively at print it blurs, but when paper is in motion is able to read it; blurring of vision for near objects, able to read if he keeps paper moving, if he holds it still cannot read at all.

Near vision blurred $^{2-4}$; unable to read from blurring of near vision; vision blurred, except at distance; blurring of eyes on reading $^{1-3}$, but not for distant vision; far sight normal, but near vision blurred, has to hold book at arm's length; vision blurs occasionally for distance and near; C — on rising vision blurred for near and distance $^{1-2}$; E — vision blurred, cannot read at short distance; blurring of vision when looking at near objects but not when looking at distant objects; eyes blur on reading $^{1-2}$, must hold page a little farther away; letters blur, outline of each letter, > holding print some distance away.

Dimness of vision $^{3-5}$; occasional dimness of vision, > by wiping eyes; dimness of vision as from film over eyes, < r.; B — sight dim for near objects all day; considerable difficulty in seeing, vision is somewhat dim; could not see clearly; C — sight so dim can scarcely see to write; can see to write only a few moments when vision becomes dim; feeling as if film were over eyes; D — dimness of vision for both near and distant objects,

distant objects being proportionately more indistinct than those near.

Vision indistinct; C — letters become indistinct $^{1-2}$; E — outline of each letter indistinct; print seems indistinct.

Haziness before eyes at night; B — shortly after noon, while paring his nails, vision became hazy and could not see where he was cutting, yet when looking across room objects were distinct; by looking at far objects and then back to near ones could see distinctly for a time; C — vision misty.

Distance. In order to read, page must be held at distance of 1½ to 2 ft. $^{1-3}$; must hold print at arm's length in order to read at all $^{1-4}$; cannot accommodate to near object; loss of vision for near object, but those at distance (3 ft. or more) fairly clear; could not see to read $^{1-2}$, but could see distant objects; B — could not see near objects, but saw well at distance; cannot see to read $^{1-2}$ or do anything which requires close vision; 3 p. m. cannot see to read within 15 in. of eyes, vision > at distance; can see objects far away, but not at the usual visional distance; C — could not read ordinary print at usual distance, vision for distant objects was better; D — vision > for a moment on first opening eyes but has to hold book farther away; E — near point of vision at greater distance; can read print at distance but not near; can see objects best at some distance from her.

Impaired. Eyesight became so poor he could not see to write down doses; in evening could not see to thread needle; C — could only read a short time without resting eyes; vision indistinct; inability to read $^{1-5}$; on attempting to read, letters look irregular; D — vision indistinct, difficult to see even outline of objects clearly; E — unable to read small type; when reading loses place; cannot read at all.

Double. Letters look double; on trying to write, the lines multiplied into many; she saw double in reading $^{1-3}$, (doubled laterally); saw straight line as double; B — vision double at ordinary reading distance; when writing with black ink, saw two lines, upper black, lower red; C — letters appear double as well as blurred; bright objects appear double; objects appear double, but images are very close together; while reading small print, letters look double; vertical strokes of type appear double; diplopia on looking upward.

With one Eye. Covering either eye improves vision; "cannot read more than one or two words with both eyes." < p. m. (from blurring); on closing either eye, vision good with other alone, but print looks smaller, the whole

page being affected by the blur; B — on closing one eye near objects look smaller [1-2] by one-half and sharper in outline than when both eyes are used, but distant objects look normal in size and are seen more distinctly; D — in p. m. vision so blurred that reading was impossible when using both eyes, but could read when using one eye and closing the other; no diplopia.

Focussing. Accommodation affected, difficult to read; C — seems necessary to continually focus eyes when reading or writing; eyes do not focus clearly (this effect works off 2 or 3 hrs. after taking remedy); E — can read only a line or two by constantly changing focus.

Pain back of l. eye; pain in eyeballs [2-6]; B — eyes became very painful; pain in eyeballs [1-4], as if he were straining eyes to see; on waking eyes pained terribly [1-2]; C — pain in r. eyeball; D — pain in eyeballs, running back to head; E — holding nose and blowing causes pain to extend into l. eyeball. Pain over r. eye extending over whole forehead [1-3]; C — some pain over and in eyes.

Eyes painful on using; D — eyes pain, cannot see to read at all; much steady pain in eyes [1-3].

Drawing pain, sudden and brief, above l. eye.

Dull pain at point just above r. eyebrow; dull pain over l. eye [2-3] for 10 min., excited by spasm of sneezing; B — a momentary, dull, heavy pain under both eyebrows, between temples, accompanied by sensation as if something opened and shut; dull pain over eyes; through eyebrows [1-2]; D — dull pain over eyes when straining to read; E — almost constant dull pain in r. outer canthus.

Neuralgic pain from back of neck to r. eye.

Sharp pain in l. temple extending into and through l. eyeball [1-6]; sudden sharp pain in l. temple, making l. eye water, burn and smart; B — momentary, sharp pain in l. occiput, coming over to l. eye.

Sharp pain over eyes; C — momentary, sharp pain over l. eye [1-2]; sharp pain under l. eyebrow, shooting backward; sharp, momentary pains in r. eyelids; extremely sharp pains in eyes, in evening; D — sharp, momentary pains in r. eye; E — sharp pains back of eyeballs, < motion.

Momentary pains come and leave suddenly in l. eye; C — momentary pain under r. eyebrow in region of superior oblique muscle; fugitive pains in l. eyeball.

B. Shooting pain from eyeballs backward into cranium; on attempting to read, experienced a sharp, shooting, blinding pain in eyeballs which was so intense he had to desist; pain in l. eye as if something was sticking into it, with lachrymation; E — stitching pains through eyeballs backwards and forwards.

Aching of middle-third of face, including eyeballs [1-4].

Dull, pressing aching above eyes; D — slight ache over l. eye.

Eyes ache [7-12], when reading, when used; < l., < "way in back"; aching in eyeballs [5-13], < motion [1-4]; aching deep in eyeballs about the centre; C — gusts of aching pain through from l. to r. temple, behind and touching eyeballs, which felt small and loose in sockets, < l.; E — eye symptoms < toward evening with tired aching in eyeballs.

Headache and Eyes. Frontal headache with pain over r. eye; headache focuses in r. eye, as if it were going to burst open with pain; evening, frontal headache extending to back of eyes [1-2]; frontal headache extending to eyes, < r.; dull [1-14], frontal headache [1-14] with aching in eyes [1-7] and in eyeballs [1-7]; C — heavy feeling in eyes, with frontal headache, prevented study; D — headache through forehead and eyes during p. m.; headache with aching through eyes.

Smarting. Eyes smart [3-6] and sting; eyes smarting [3-5], < l. [2-2], with some discharge which interfered with reading; smarting of eyelids and eyeballs [1-2]; B — smarting [1-2] in both eyes with lachrymation [1-2], < r., < looking closely; C — smarting [1-3] in both eyes from 3 p. m. till night; eyelids feel dry and smart; eyes smarting, burning, and sore and eyelids red and swollen, "as if she had been crying all day"; E — smarting of eyes with dryness; during evening eyes smarted and burned so much she was obliged to give up writing.

Heat in eyelids [3-4]; B — eyes feel hot.

Burning in eyelids [4-7]; burning in eyes [7-14], < r.; burning in eyeballs [3-5]; in r. eyeball; in eyeballs while in open air, > when in doors; in conjunctiva; B — burning sensation in l. eye when closed; burning in l. eye; C — burning [1-2] in both eyes from 3 p. m. until night.

Itching in inner canthus of r. eye [2-2]; itching in both eyes [4-5]; in r. eye [2-2]; in l. eye; in eyelids [2-4]; D — itching of eyebrows.

Fatigue. Eyes soon tire [1-2]; tired feeling in both eyes [2-7]; dull, tired feeling in eyes; B — eyes tired and some secretion in them on waking; eyes tire if reading long; E — eyes felt tired on attempting to read.

Weakness. Eyes felt weak [1-2] all p. m. and evening; eyes feel weak; eyes felt very weak on attempting to read.

Tenderness. R. eye tender to pressure; D — eyeballs somewhat sensitive to pressure; E — eyes sensitive to touch.

Strain. Strained sensation in head and eyeballs [1-3]; D — strained feeling in eyes [1-4]; E — in evening reading impossible without straining eyes.

Photophobia. Eyes sensitive to light[5-5]; C — eyes sensitive to bright light; D — eyes sensitive to light all p. m. and evening, with desire to keep them closed; in evening, eyes somewhat sensitive to light, feel > in dark.

Photophobia[3-5], < l.; B — 40 min. after taking drug intense photophobia, lasting only a short time; D — photophobia all the evening[1-2], can scarcely keep eyes open[2-4], > cool, open air, > darkness; E — some photophobia in daylight; marked photophobia; sensitive to ophthalmoscope.

Expression. No expression in eyes[2-2]; no expression in l. eye[3-3]; eyes staring; C — looked suffused, staring, and wild; eyes have a bright appearance, with slightly staring expression.

Eyes looked and felt as if he had had a night's dissipation.

E. Eyes looked dull but vision seemed normal.

Heaviness. Eyes feel heavy[4-4]; C — on waking both eyes felt heavy and small; dull, heavy feeling in forehead and eyeballs; heaviness in eyeballs; E — towards night eyes looked congested and heavy.

Eyelids feel heavy[6-9]; D — eyelids feel very heavy; lids heavy and dry, > when closed; E — upper lids seemed heavy and paralyzed.

Drooping of upper eyelids[2-3]; marked; slight drooping of l. eyelid[2-2]; C — l. eyelid droops; D — r. eyelid droops.

Puffiness of upper lids on rising.

Swelling. Eyes feel swollen; r. eye feels a little swollen; B — eyelids feel swollen; C — on walking both eyes looked small and swollen; eyelids swollen.

Redness. Conjunctiva red[2-2]; red spot on eyeball near outer canthus; C — eyelids red; E — conjunctiva very red.

Irritation. Continued irritation of l. eye with smarting and some discharge; irritation of palpebral conjunctiva; C — eyelids, on both sides, feel irritated with soreness.

Congestion of both eyes; of conjunctiva; upon rising both eyes congested, especially l., but this passed off in an hour; white of eyes congested in morning, especially l.; B — eyes slightly hyperemic; C — veins of inner angles of eyes congested[1-2]; eyes blood-shot[2-2]; D — fulness and congestion of eyes; conjunctiva injected; E — eyes injected; conjunctiva congested.

Inflammation. Slight conjunctivitis[2-4], afterwards marked[2-2]; conjunctivitis[2-2]; D — lower palpebral conjunctiva inflamed, l.

Dryness. Eyes feel dry[9-13], with desire to wet them; conjunctiva dry. B — eyeballs feel dry[1-3]; C — eyelids feel dry[3-3], > when closed.

Secretion. Increased secretion from eyes; increased catarrhal condition of conjunctiva; some mucus in inner canthi; B — slight increase of catarrhal condition of eyelids; some secretion in eyes on waking; C — secretion forms in inside corners of both eyes [1-2]; secretion present in corners of eyes on waking and forming during entire day; E — considerable discharge from eyes.

Agglutination. On waking, eyelids slightly agglutinated [1-2], < l. (30th dil.); B — eyes agglutinated on waking [2-2]; D — on waking eyelids were stuck together.

Lachrymation increased [3-3]; watering of eyes [3-5] while in open air [1-2], noticed both morning and evening; B — lachrymation in l. eye, with sticking pain; lachrymation [1-2] in both eyes, < r., < looking closely.

Twitching of r. eyeball [1-2]; slight twitching l. eyeball; twitching of r. eyelid [1-7]; in inner corner of r. eye; D — twitching in both eyes.

B. Dazzling. Looking at an object causes glimmering sensation; in trying to thread a needle this was caused by the bright surface; D — sight dazzled, but can read; bright sunlight dazzles eyes very much.

Soreness. Eyes feel sore [3-3], with itching; eyeballs a little sore; C — eyelids feel sore [3-4]; D — posterior portion of eyeballs seem sore; sore feeling about edge of eyes.

Closing of Lids. At night eyelids would not seem to remain closed, and everything appeared blurred when they were opened (stated she had a great desire to open eyes to relieve this unpleasant feeling); in evening awoke from sleep with eyes half closed and could not raise lids further.

Winking. Tendency to wink often.

Fulness. Feeling of fulness in both eyes; D — fulness of eyes, with congestion.

C. Desires. Desire to keep eyes closed, to rub eyelids and to wink.

D. Specks. White specks before each eye on opening it.

E. Spots. While trying to read a letter it seemed to be covered with yellow spots about the size of a pin-head.

Flashes. On closing eyes at night, there were very distinct flashes of light in rapid succession, the light-flashes being uniformly triangular in shape, with each side concave.

Dizziness. Felt dizziness, which seemed to be in the eyes and did not affect the gait; attempt to clean finger-nails made her feel light-headed; B — head swims on closing the eyes.

Tissue Changes. Sty on r. upper lid.

Small, sore pimple in r. upper eyelid.

Pimple on edge of lower eyelid.
Pustule on external canthus of l. eye.

Sensations Unclassified. S. as though upper eyelids were heavy and paralyzed.
S. of heaviness in eyelids [2-3], can hardly keep them open.
S. as though eyes did not wink at the same time.
S. as though eyes were half closed.
S. as if eyelids were exposed to cold air.
S. as if eyeballs were exposed to cold air [1-2].
S. of tension in eyeballs, which extends to forehead.
S. of heaviness in forehead and eyeballs.
S. of heaviness in eyeballs [2-2].
S. on waking as though both eyes were heavy and small.
S. as though eyeballs were too small, loose in sockets and pushed forward, < l.
S. as though r. eye were smaller than l. and as though it were loose in its socket and rolling around, whether open or closed; this sensation > by pressure.
S. as though eyeballs were small and loose in their sockets, < l. eye.
S. as though l. eye were smaller than r. [1-3].
S. on waking as though l. eye were small.
S. as though l. eye were small [2-4].
S. as though eyes were too large.
S. as though r. eye expanded and protruded, with feeling of nausea and light-headedness, while the ground seemed about to come up and she about to fall backwards.
S. as though eyes were too large for their orbits and difficult to open wide.
S. as though eyes were too large for their orbits and were being crushed out.
S. as though eyes pushed out from their sockets.
S. as though eyes were uneven, one feels higher than the other.
S. as though cross-eyed, < looking down.
S. as though cross-eyed when focusing eyes for any near object.
S. as though eyes were crossed.
S. as though something were sticking in l. eye, with lachrymation.
S. in eyes as if she had been crying.
S. as though dust or dirt were in the eyes.
S. as though eyes had sand in them.
S. as though eyes were filled with sand [3-3], < on use.
S. of burning in eyeballs, < in open air, > indoors.
S. of burning in r. eyeball [1-3].
S. of burning in l. eye when closed.
S. of burning and smarting in face, on eyelids and in eyeballs, as if riding in wind.

S. as though there was a film over eyes.
S. as of something opening and shutting within the eyes with alternate clearing and obscuring of vision.
S. in eyeballs as though strained.
S. as of drawing back of eyes.
S. of dizziness, < looking down.

Curative Effects. Eyes have felt > and been stronger all the time while taking drug, in spite of using them almost constantly.
Eyes stronger than usual; was able to read in spite of headache.
Able to do more with eyes than ever before; drug greatly benefits eyes; much less asthenopia.
Ocular and palpebral conjunctiva became normal (inflamed at beginning of proving).

Summary of Examinations

(Numbers refer to Examinations)

Lids. Appearance of margins:
Red [5]; congested [6]; swollen [3]; inflamed [3]; agglutinated [6]; dry [2].
Nerve action: sluggish [4]; drooping of upper lids [7], < l.; twitching in r. upper lid [8]; fibrillary twitches in r. lower lid.

Conjunctiva. Bulbar: congested [25]; inflamed [11].
Palpebral: congested [30]; inflamed [11].

Secretions. Lachrymal: increased [23]; decreased [6].
Mucous: increased [11].

Pupils. Size: dilated [89].
Action: to light, partial [7]; sluggish; none [2].
In accommodation: feeble [9].
Consensual: diminished [5].

Tension. Increased [2].

Media. Unchanged.

Fundus. Congested [6], r. and l.; r.; l.
Vessels: injected [3]; dilated.
Veins: full [2]; tortuous [5], r. and l.; r.; l.
Other provers: retinal vessels full but not tortuous; vessels of fundus, both sides, slightly tortuous; vertical veins large and full; in fundus fulness of veins, which are slightly tortuous, r.; retina, r., slightly hazy; l. vessels all full and whole retina congested; veins of fundus slightly full (9 days); vessels of fundus hazy (4 days) and full (4 days) and veins tortuous on both sides (11 days).
Optic discs: capillary congestion; congested [8], < r.; l. disc a little paler than that of the other eye; edge of l.

disc not distinct; discs slightly hazy in outline on both sides (33 days).

Visual Acuity. Decreased [7], r. and l.; r. [2]; l [2].

Ciliary Muscle. Affected [4]; tonicity increased; tonicity decreased [11]; partially paralyzed [3]; paralyzed [11]; spasmodic; relaxed [2].

Accommodaton. Erratic.

Range: near point for diamond type removed [26]; distant point shortened [3].

Muscle Balance. Distance: Exophoria: decreased [2].
Esophoria: increased [5]; decreased [2].
Near: Exophoria: increased [2]; decreased [4].
Esophoria: increased [2].

Reflexes. None [8].

Color Tests. Normal [8].

3. Ears

A. Pain. Slight pain in both ears, extending across top of head from ear to ear; B — in l. ear; back of ears; in both ears, with sensation of soreness [2-2]; C — in ears.

Pain in l. ear [2-2], followed by slight pain in r. ear; C — in r. ear; D — starting under angle of l. jaw extends to l. ear.

Sharp pain in left ear; C — in front of r. ear; D — back of l. ear; E — in l. ear.

Momentary, sharp, stitching pains in r. ear [1-6].

Sudden, sharp, flitting pain back of r. ear with five distinct darts, with dull pain between them, ceasing suddenly; darting pain in r. ear; pain in upper teeth darting to ears [1-3] on both sides; B — three successive darts of pain in r. ear; C — sharp, darting pain back of ear; pain extends from top of l. shoulder up to behind ear, coming and going quickly.

Shooting pain extending from pharynx, upward, toward l. ear [1-2]; C — sharp, shooting pains in l. ear [2-5]; in r. ear; little shooting pains in ears, < l. [1-3]; through mastoid region on both sides; D — occasional, shooting pain from ear to head and forward into nose; sharp, sudden pain shot forward directly over l. ear into temple.

Neuralgic pain back of and under r. ear; from back of neck to mastoid process [region supplied by auriculo-temporal nerve. — Ex.]; across neck, between shoulders, and up behind l. ear.

B — pains both sharp and dull about ears; E — in l. ear.

C — dull pain in front of r. ear; in r. ear.

Throat and Ear. Soreness of throat extends to ears [1-2], < swallowing, < talking, < coughing [1-2]; sore throat with sensation of fulness in ears [1-8] (r. and l. alternately).

Tight, swollen feeling in pharyngeal muscles, extending to ears.

Sensation of fulness in throat extending to both ears alike [1-2], without tinnitus, autophony or objective symptoms [1-2].

C—sharp, shooting pains extending towards r. ear upon swallowing, < nights [1-3], associated with soreness of throat, (no tinnitus and no evidence of cold); pain extending from throat to r. ear; E — pain on swallowing extending to both ears [1-2].

"When the sharp, shooting pain through r. ear disappeared, the same condition in every respect developed upon the l. side — first, some soreness of throat, then pain shooting to ear with every act of swallowing, with inclination to swallow oftener than usual, but no tinnitus, fulness, heat, itching, throbbing, or autophony; after thirty-six hrs. this condition began to wear away, with no return on r.; no appearance of ordinary cold."

Fulness and Stuffiness. Sensation of fulness in ears, < r., with singing tinnitus, associated with fulness of throat and inclination to swallow frequently; B — ears feel as if distended, < r.; C — sense of fulness or internal pressure in l. ear [1-4]; sensation of fulness from ear to ear; D — during p. m. and evening, sensation of fulness confined to r. ear [1-2], without tinnitus, autophony, or pain, but could hear his own breathing [1-2]; E — during much of a. m. a muffled feeling in both ears, < l, with autophony; during two days a very distinct feeling of fulness "extending from ear to ear," alike on both sides, lasting about thirty minutes after each dose, without other associated symptoms.

Ears felt stopped and dull with autophony but no tinnitus; stuffed sensation in r. ear; C — dull, stuffy feeling in l. ear and l. parietal region [1-2], with slight headache; thick feeling in ears as though they were stuffed up.

Aching. Back of jaws under ear; both ears felt inclined to ache; had slight aching in ears, alternating from l. to r. on beginning proving — this disappeared after he began to take medicine (first day); B — slight aching in ears [1-2], < r.; feeling in both ears as though they were about to ache [inspection revealed nothing. — Ex.]; both ears ache a little [1-4], < l.; D — ears ache a little with sensitiveness; ears ache deep in head, < l.[1-9].

Tinnitus. Ringing in ears [2-4]; ringing in l. ear [2-2], for a short time; 3:30 p. m. sounds in ears like bells, of short duration (no objective changes); B — ringing in ears, < r.[1-3]; slight ringing in both ears at 8:30 p. m.; E — ringing in l. ear for ½ hr.; 7:15 p. m. seemed to hear sounds like ringing of bells in distance.

Buzzing in r. ear [1-5] (buzzing in ears never before experienced); C — all day, and < evening, buzzing tinnitus in both ears [1-5]; every sound is a buzz, with buzzing even when there is no sound [this buzzing mentioned from time to time for 18 days. — D.]; D — buzzing in both ears [1-3], < r; singing; low sounds "as though the gas were singing," without rhythm and on r. side alone.

B — whistling sounds in both ears for about ½ min. accompanied by sensation of fulness; C — 7:30 p. m. sounds in ear like a whistle, for a few seconds only.

C — roaring sounds in both ears [2-10].

D — noise in r. ear as of telegraph instrument.

E — noise and confusion in ears [1-3]; slight tinnitus [which seemed to be due rather to general condition of head than to local condition of ears. — Ex.]. An occasional sound like a prolonged "ping" echoing through the head.

Fluttering in ears, < l., slight and lasting a short time only.

Snapping in Eustachian tubes when dropping the jaw, no tinnitus or discomfort apart from that; during day snapping in both ears every time she swallows [1-4], especially liquids.

Hyperesthesia. Cannot bear to have anyone talk in a high-pitched voice; B — hyperesthesia to sounds; Galton whistle very disagreeable to l. ear; ears over-sensitive to whispered voice and to all fork tests, and the shrill sound of Galton whistle caused general nervous tremor and such faintness that fresh air and a drink of water were required before examination could be concluded; C — noise made her nervous [1-2]; D — voices echo in ears; E — ears sensitive to noise which irritates nerves; hyper-sensitive to noises [1-12]. Hearing distance, r. and l. for watch increased above normal while under ϕ for 14 days.

Redness and Heat. Ears appear rather red but are not hot, are rather cold; when in warm room auricles both redder and warmer than usual [1-4]; B — in evening air, left cheek and ear red, hot, and burning.

Itching. During evening a persistent tickling, extending from throat into left Eustachian tube, almost to ear, with sensation of fulness in ear, and with inclination to contract faucial muscle to give relief, the same itching continuing on following morning but ceasing during day, and confined to l. side, with no tinnitus or autophony [no objective appearances or functional changes. — Ex.]; itching in r. ear; D — in evening distinct and unusual sensation of itching just within meatus, alike on both sides, lasting 10 min. after taking dose; itching back of ear [1-2]; E — on waking, itching between ear and throat on both sides, lessening through day, > by snorting; some itching of external auditory meatus.

B. Tenderness and Sensitiveness. "Tender spots" back of ears; l. ear sensitive to touch [1-5] [slightly congested. — Ex.]; ears sensitive to cold [1-2]; cold air causes momentary pain in ears; D — ears sensitive and ache a little; l. ear very sensitive to wind; feeling of sensitiveness deep in ear, < l.; E — cannot lie on l. ear, it is so sensitive deep in the ear; soreness and tenderness when pressing tragus into meatus, the tenderness being rather in deeper portion of canal than in tragus, without burning, itching, or throbbing in the canal.

Soreness. Sensation of soreness in ears [2-2], with slight pains in both; soreness anterior to tip of mastoid, the sensation the same as before she had the mumps [nothing abnormal is visible. — Ex.].

Deafness. Hearing somewhat diminished, < r.; C — feels as if people do not enunciate clearly in speaking when they are near, voices seem clearer when heard at some distance [1-5]; D — hearing more obstructed than common, must listen more intently, with feeling as if Eustachian tube was plugged; general dullness of sounds, must listen attentively; hears as through a cloud, catches second part of a word better than the first; dullness of hearing increased with persistent use of drug; after discontinuing ϕ and resuming dil. hyperesthesia, especially for high-pitched sounds, returned.

Congestion. 3 p. m. ears felt as if they would burst from sudden rush of blood to head, lasting about 2 hrs., lessening gradually; the same condition repeated on day following at 3 p. m. and after supper; E — head and ears both feel congested.

C. Autophony. Her own voice resounds [1-5]; voice seems to echo in ears; D — own voice resounds in ears; E — autophony with muffled feeling in both ears, < l.

D. Stinging sensation in left mastoid.

Moisture. Feeling of moisture in canal.

Summary of Examinations

(Numbers refer to Ears)

Auricles: redder than normal [6].

External canals: congestion and injection of vessels on superior wall near Mt.[6]; slight increase in cerumen [3].

Tympanic membranes: congestion of Shrapnell's membrane [3], < r; unusual and very rapid dilation of blood vessels above Shrapnell's membrane following traction upon auricles [2]; congestion about short process of malleus [3], < r.; congestion down posterior border of malleus [6]; injection along malleus less marked than prelim.[1] r.; mem-

branes hyperemic [2]; slightly congested [1]; r. retracted [2]; lower quadrants of membrane showed pink reflex from median wall of tympanum [2].

Eustachian tubes: somewhat obstructed [2]; catarrh developed during proving [2]; mucus at mouth [1] l.; mucus at mouth prelim. but none at end of proving [2].

Hearing power for mechanical sounds (watch): unchanged [3]; increased [22] (5 markedly); decreased [9] (2 abnormally acute prelim.).

Hearing power for vocal sounds: unchanged [7]; increased [14] (1 markedly), < r.; decreased [3].

Hearing power for fork by bone conduction: unchanged [4]; increased [11] (2 markedly); decreased [12] (2 markedly) < l.

Perception of musical sounds of varied pitch: unchanged [8]; more acute [2] (almost distressingly over-sensitive to fork tests, especially high tones, and to Galton whistle).

Lower limit of tone perception: unchanged [14]; raised [4] (2 slightly); lowered [2].

Upper limit of tone perception: unchanged [11]; raised [8]; lowered [6] (2 very perceptibly, sclerotic).

CONDENSED SYSTEMIC SCHEMA*

2. Ears

[The numbers refer to days on which the symptoms in the group are recorded. Those referring to provers are omitted because of the liability to error, as regards their number, which arises from this mode of grouping.]

Pain, of varying degree, in or around one or both ears, < l.[9].

Slight pain in both ears, with sensation of soreness [2]

Sharp pain in or about ears, < l.[4].

Momentary, sharp, stitching pains in r. ear [6].

Sudden, sharp, flitting or darting pains in or about ears, < r.[5].

Pain in upper teeth darting to ears on both sides [3].

Shooting pains in and about ears, in various directions, < l.[14].

Neuralgic pain, < back of ears [3].

Pains, both sharp and dull, about ears, < l.[2].

Dull pain, in or in front of r. ear [2].

* A demonstration of the possibility and the manner of still further condensing the symptoms in this schema, should this be deemed desirable.

N. B. It is an objection to this mode of condensing in general terms which has been felt and urged since the time of Hahnemann that in departing from the original language of the prover, or of the examiner, errors and inaccuracies are likely to creep in through a careless or too general use of language on the part of the individual by whom the condensing is done. Also, all power of verification or correction is subsequently lost unless the original sources are also published — in which case the labor and expense of publication, in so far as that it is to be considered, is increased instead of lessened by such condensation.

Throat and Ear. Soreness of throat extending to ears, < swallowing, talking and coughing [2].
Sore throat with sensation of fulness in ears [8].
Tight, swollen, or full feeling in throat extending to ears [3].
Sore throat with sharp pains shooting to ears, < r., nights and on swallowing [8].

Fulness and Stuffiness. Full, stopped, or stuffy sensation in ears, < l.[17], with tinnitus [1], with autophony [2].

Aching. Slight aching in or under ears, < l.[10]. Ears ache deep in head.

Tinnitus. Ringing in ears, < evening [13].
Buzzing in ears, < r. and evening [13].
Singing, r., a low sound "as though the gas were singing."
Whistling sounds of short duration [2].
Roaring sounds in both ears [10].
Clicking, r., "as of telegraphic instrument."
Noise and confusion in ears [3].
Slight tinnitus, apparently more in head than ears.
An occasional prolonged "ping" echoing through head.

Fluttering in ears, < l., slight and of short duration.

Snapping in Eustachian tubes when dropping jaw.
Snapping in both ears when swallowing, especially liquids [4].

Hyperesthesia. Ears over-sensitive, especially to whisper, to high-pitched voices and to shrill sounds [19].
Voices echo in ears.
H. D. for watch, r. and l., < above normal while taking ϕ [14].

Redness and Heat. Ears rather red, but not hot.
Auricles redder and warmer than usual when in warm room [4].
Ear and cheek, l., red, hot and burning.

Itching. Persistent tickling from throat into l. Eustachian tube, with fulness in ear [2].
Itching, especially in external meatus [3].
Itching back of ears [2].
Itching between ears and throat, > by snorting.

Tenderness and Sensitiveness. "Tender spots" back of ears.
Ears sensitive to touch, < l., < deep in head [8].
Ears sensitive to cold [3].
Ear, l., very sensitive to wind.

Soreness in ears [2], with slight pain.
Soreness anterior to tip of mastoid, as before mumps.

Deafness. Hearing diminished, must listen attentively [2].
People seem to enunciate badly when near, voices seem clearer at some distance [5].
Hearing obstructed, with sensation as if Eustachian tube was plugged.
Hears as through cloud, second part of word clearer than first.

Dullness of hearing increased with use of ϕ, but on resuming dil. hyperesthesia, especially for high-pitched sounds, returned.

Congestion. Ears congested from sudden rush of blood to head, < p. m.[2]

Head and ears both feel congested.

Autophony. Own voice resounds or echoes in ears[7].

Autophony with muffled feeling in ears, < l.

Stinging sensation in l. mastoid.

Moisture. Feeling of moisture in canal.

Summary of Examinations. Same as in the preceding, uncondensed portion of this section.

4. Nose and Throat

A. Dryness. Nose feels dry [16–35]; B — mucous membrane of nose feels dry and parched; D — nasal mucous membrane dry; nasal cavities dry and sore; dryness of nose, with soreness [2–3]; E — subjective dryness of nose, but objectively less redness, and dryness not noticeable; nose completely dry; dryness in nose causes pain.

Nose very dry [8–12]; C — 20 m. after each dose, nose became very dry and so continued for about 4 hrs. [2–4]; mucous membrane of nose very dry.

Nares feel very dry; anterior nares dry [2–2] with soreness; dryness of nares.

Nostrils dry [4–4]; on rising dryness of nostrils.

Naso-pharynx dry [4–4]; dryness of naso-pharynx nearly all day; all mucous membranes of upper air passages dry [1–3].

Dryness of mouth [15–27]; dryness in mucous lining of mouth without marked decrease of secretion [1–5]; dryness of mouth nearly all day, not > by drinking water; mouth dry, has to drink water to moisten [1–3] but not from thirst; constant effort to moisten mouth and throat with tongue; B — dryness of mouth all day, < morning; mouth dry, but without especial thirst [3–4]; mucous membrane of mouth feels dry and parched; C — mouth and lips parched [1–3] and agglutinated by saliva; E — mouth and throat parched, but without thirst; dryness of mouth and throat, > temporarily by drinking water; mouth feels parched and looks dry; mouth very dry [15–36]; painful dryness of mouth [1–6]; awoke with very dry mouth; marked dryness of mucous membrane of mouth [3–7]; C — mouth so dry that it awakened him from sleep; D — great dryness of mouth itself, without thirst, and without much dryness of throat; E — mouth so very dry that talking was difficult.

Tongue so dry that it sticks to roof of mouth [2–2]; tongue

very dry; B — glazed sensation on tongue; C — tongue so dry that it almost cracked crosswise; base of tongue parched.

Fauces dry and burning and felt as if when touched mucous membrane would stick to finger and peel off.

Tonsils dry; tonsils dry and sensitive; C — tonsil r. has somewhat glazed appearance; D — parched dryness of tonsils from one dose to next, > on omitting one dose.

Pharynx dry [9-26]; pharynx dry, < 10 a. m., < after swallowing.

Pharynx very dry; dryness intense in upper and back part of pharynx, necessitating constant swallowing; sensation of dryness on posterior wall of pharynx; back of pharynx dry [2-2], < empty swallowing; upper part of pharynx painfully dry [2-2], < empty swallowing; B — pharyngeal, mucous membrane intensely dry [1-2], < towards night, causing great thirst and difficult swallowing [1-2]; C — mucous membrane of pharynx very dry.

Throat feels dry [22-115]; dryness, roughness, and sensation of heat in mucous lining of mouth and throat during p. m., without marked decrease of secretion [1-5]; throat very dry with soreness during latter part of day and evening; half an hour after taking drug, dryness of mouth and throat, not > by taking water [3-3]; dryness of throat > by drinking [2-2]; dryness of throat as if from dust; on rising, throat dry [2-2]; < swallowing [2-3]; had to get water during the night to moisten throat; throat so dry that food sticks; B — throat dry, scratchy, and parched [1-2], as after running, without thirst; C — throat feels dry 20 m. after taking drug, has to swallow frequently to moisten throat; throat feels dry and congested, from ear to ear, as though choked by the hand; throat feels dry and dusty, but looks moist; D — dryness of throat exciting violent paroxysm of dry cough; on waking, mouth was moist but became dry 1 hr. after taking drug; E — mouth and throat parched, but without thirst; dryness of throat > temporarily by drinking; must swallow continually to moisten throat; E — desires frequent sips of water on account of dryness of throat; water does not relieve dryness of throat; throat parched, dry, feels as if it were all shrivelled up; subjective dryness of nose and throat, but pharynx and naso-pharynx look pale and dryness is not particularly noticeable.

Throat very dry [28-60]; painful dryness of throat [1-5]; lower part of throat especially dry, with difficulty in swallowing [1-3], < dampness, > cold air; much dryness of throat and hoarseness, < in well-warmed room; throat very dry, > few seconds only by sips of water; great dryness of

throat, < cold, out-of-door air, making it difficult to swallow; throat very dry on rising [2-4]; B — great dryness of throat, almost painful, all day, < morning; throat parched [1-4], < smoking; C — marked dryness in throat [1-4], > by eating, causing sensation of choking; 20 m. after each dose, mouth, throat, and nose became very dry and so continued for about 4 hrs. [1-3]; great dryness of mouth and throat, extending to nose; throat painfully dry with constriction, the dryness extending to both trachea and esophagus; E — throat became very dry soon after beginning drug, and so remained for many days, without thirst, < by walking; mucous membrane of throat very dry.

Larynx dry [5-5]; larynx dry with hoarseness; B — dryness below larynx, exciting cough; C — dryness of larynx, < prolonged talking, > open air.

Upper chest. Dry sensation in upper chest; throat and chest so dry as to cause an occasional, single dry cough. (See Dryness in Alimentary System.)

Burning. Sensation of heat in mucous lining of mouth [1-5] and throat [1-5]; burning and dryness of naso-pharynx; nose burns [1-2]; sensation of heat and burning in pharynx without objective symptoms.

Scabbiness. Nose scabby; E — scabs in nose.

Itching of nose; D — on waking, itching between ear and throat, on both sides, > through day, > snorting; B — itching high up within nose.

Tickling in nose, followed by sense of dryness; tickling in throat; tickling in pharynx [4-4], inducing cough; B — tickling in throat excites dry cough [1-2], < nights, < warm room; tickling in throat with cough in evening; from 9 a. m. until retiring at 10:30, and on following forenoon, a persistent tickling, confined to l. side, extending from throat into Eustachian tube, almost to ear, with sensation of fulness in ear, and with inclination to contract faucial muscles to give relief; C — tickling in upper trachea, causing cough; tickling in trachea just above sternum; tickling in pharynx.

Tingling in r. nasal orifice.

Smarting in nose, < r.

Scraping. Sensation of scraping in throat [6-15], with dryness, < by hawking and singing; scraping feeling in throat with rawness; B — scraping [1-6] in back part of pharynx; scraping, with hoarseness, before palate to supra-sternal fossa; C — scrapy feeling in throat with much effort at clearing; D — scratchy sensation [2-2] with dryness in mouth and back of nose all day; scraped sensation with rawness in throat.

Roughness of throat [3-7]; roughness and dryness in throat, as if he had eaten green persimmons.

Irritation of throat [2-2]; D — mouth irritated, with dryness; E — throat very irritated; throat very irritable.

Sensation of Foreign Body. Sensation of splinter in pharynx, lasting a short time; sensation as of something in pharynx; pain as from splinter in roof of pharynx; B — sensation as of mucus in naso-pharynx but nothing comes away; D — sensation of ball, or hard substance, in back of throat, not relieved by swallowing; at breakfast, sensation as of knife-blade in throat on r. side; mouth feels as if full of cotton; E — sensation of foreign body on swallowing.

Sneezing. Spasm of sneezing followed by dull pain over l. eye; sneezing [5-6], with tickling in nose, followed by sense of dryness; C — frequent sneezing, 4 or 5 times in succession [1-2]; D — sneezing on returning to warm room from cold air.

Rawness. Sensation in throat "as if raw" when swallowing water; raw feeling in throat with scraping [2-2]; B — throat feels raw [3-4]; C — rawness of throat [1-2], with dry hacking cough; empty swallowing gives sensation of raw surface; cold wind makes throat feel raw.

Soreness. Nose sore, with dryness [4-8]; anterior nares dry and sore; soreness in both nares equally, but no discharge; E — soreness in l. nostril, feels like a boil; alæ of nose sore.

Soreness in naso-pharynx.

Mouth sore.

Tongue. C — Tongue red and sore on tip, feeling as if it had been bitten; base of tongue sore [1-3]; E — soreness of under side of tongue on l.

Fauces. B — On waking, soreness of l. faucial pillar, which continued all day [1-2], but no congestion visible on inspection; r. pillar of fauces sore [1-2]. (See Alimentary System.)

Tonsils sore [1-3]; C — both tonsils very sore, < l.

Pharynx sore, < empty swallowing; upper part of pharynx sore; back part of pharynx sore; E — pharynx sore, < swallowing.

Throat sore [17-47]; on rising, throat dry and sore [1-3], < swallowing [1-2]; soreness of throat extends to ears [1-2], < swallowing, talking, and coughing [1-2]; sore throat, < on swallowing [2-2]; < by outside pressure; < r. side [1-2]; < p. m.; < after 4 p. m.; < night; > few seconds only by sip of water; first r. and then l. side; sore throat, < l., > eating; soreness of throat extends to trachea; soreness of throat on swallowing, talking, and coughing;

2 hrs. after taking dose, sore throat [1-2] on r. side only; throat sore on r. side [2-9]; B —sore throat upon waking; sore throat with sensation of fulness in r. and l. ear alternately; sore throat always < mornings before eating; C — throat very sore, < r., in back part of pharynx and extending upwards; D — sore throat, > hot drinks, < p. m.; throat sore with dryness on l., changing during night to soreness on r.; soreness on swallowing, which seemed low down in throat and alike on both sides; throat quite sore most of p. m.[1-2] and evening; soreness of throat when swallowing; throat sore and red below tonsils; marked hyperesthesia of entire nasal and pharyngeal tissues.

Sensitiveness of tonsils with dryness; C — throat somewhat sensitive; sensitiveness of nose with frequent sneezing; throat very sensitive to cold air; nose sensitive to cold air; throat sensitive, examination caused spasms of coughing.

Secretions. Nasal secretion < in a. m., but upon examination nose appeared less congested than before; nose watery; clear, white, pasty, mucous discharge from nose in a. m.; C — thick discharge from nose streaked with blood; handkerchief after using was stiffened from nasal discharge, as if it had been starched; D — secretions of nose absent; blood in mucus from nose; sticky mucus in nose and mouth.

Thick discharge from posterior nares; tenacious mucus in posterior nares; C — yellowish discharge from posterior nares; hawked from posterior nares some lumps of almost solid mucus, grayish-white in color; D — thick discharge from posterior nares.

Profuse, watery discharge from both nostrils [1-2] for 1 hr. without sneezing.

Much bland, post-nasal discharge [1-2], yellowish and white.

Mouth sticky [2-2]; mouth feels slimy; increased secretion of saliva, but sensation of dryness in mouth; tenacious mucus in mouth; saliva scanty, thick, ropy, tenacious, cottony. (See Alimentary System.)

Tongue. D — tongue coated with white, sticky substance. (See Alimentary System.)

Fauces covered with slimy, mucous saliva, though feeling dry.

Pharynx. Slight increase of saliva and thick mucus in oropharynx; C — pharynx fills with viscid mucus; increase of saliva accompanied by dryness of pharynx; E — slimy mucus in pharynx.

Throat. Mucus in throat thin, colorless, tasteless and difficult to dislodge; much mucus throughout day in lower part of throat [1-2] dislodged with difficulty; colorless phlegm in throat, difficult to start; much sticky, ropy,

mucus in mouth and throat [1-2], but sensation of great dryness; throat moist and covered with sticky, tenacious mucus, but feels dry; sticky white mucus in throat; secretions of mouth and throat slightly increased; thick, stringy mucus in throat, raised with great difficulty; slimy coating on back of throat; tenacious mucus hawked up with difficulty; increased catarrh from throat; B — stringy mucus in throat very hard to dislodge; constant hawking of stringy, very tenacious mucus; mucous secretions from both nose and throat became viscid, sticky, semi-transparent and lumpy, and so tough that they could be pulled out in strings; C — expectoration thick and tenacious; D — stringy, tenacious mucus in throat with intense dryness; mucus in throat so tough that it cannot be expelled but causes retching; scanty secretions in mouth and throat; expectoration of white, frothy mucus, streaked with blood (a new symptom which he had never had before); E — ropish secretion in mouth and throat; mucous discharges from nose and throat white and slimy, with increased dryness; difficult expectoration of thin, white mucus in small quantity; expectoration of dark blood-clots, yellow phlegm; expectoration almost impossible; there seemed to be a moist, sticky coat of ropy, tough mucus over dry surface in mouth and throat; throat full of mucus, replaced as fast as removed.

Stuffiness. Sensation as if a cold were coming on; feeling as of cold in head; C — nose stuffed and sensitive to cold air; nose feels stuffed and very dry; sensation as if nose were occluded, when open as freely as usual; nose feels stopped up [1-3] and dry; nose stuffy [1-2] but no other symptoms of cold; nose obstructed, forced to breathe through mouth at night; D — nose stuffy [1-2], with difficult breathing; nose feels dry and stopped up (late in day); nose "feels as though it were thick," and no change in appearance; E — head stuffed, voice seems to echo in ears.

Epistaxis. On rising, epistaxis, r. nostril, blood bright red, stopped readily by cold water; B — bleeding from nose; epistaxis of bright red blood at 9 p. m.[1-2]; nosebleed without any irritation; C — some bleeding on blowing nose; slight epistaxis in evening; E — small blood-clots blown from nose; nosebleed, blood bright red; nosebleed at 4 p. m., lasting 20 min., saturating two handkerchiefs (not subject to epistaxis); slight nosebleed with blood rather darker and thicker than normal; had four attacks of profuse nosebleed after discontinuing drug.

Clearing. Desire to clear throat [3-3]; during p. m. continually clearing throat of accumulated mucus; constant neces-

sity of clearing throat from accumulated mucus, which is thin, colorless, tasteless and difficult to dislodge; inclination to clear throat [2-2]; constant need to clear throat; continually clearing throat by hemming; B — desire to clear throat all day [1-2]; had to clear throat frequently all day, but voice not hoarse; hemming but no mucus; C — much effort at clearing throat, with scrapy feeling; efforts to clear throat from mucus caused empty retching; much hawking [2-2], raising much phlegm, but with difficulty.

Pain, shooting upward, from pharynx to l. ear [1-2]; momentary, sharp, cramping pains from r. tonsil to larynx, leaving a little stiffness; pain as from splinter in roof of pharynx; about 6 p. m. slight sticking pain in l. tonsil; soreness of throat with sharp pain shooting toward r. ear upon swallowing, < nights [1-3]; C — pain in throat caused by drinking [1-3]; D — pain extending from throat to r. ear; E — soreness of throat with pain shooting to l. ear upon swallowing, with inclination to swallow oftener than usual [1-2]; pain in nose due to dryness.

Redness. Marked redness of pharynx; B — redness of throat [1-10]; redness of tip of nose with inflamed, tender pustule just within l. anterior naris on ala; C — hypertrophic condition of r. tonsil <, appears enlarged, bright red, and somewhat glazed; alæ of nose red and sore; E — throat sore and red below tonsils; nostrils very red.

Congestion. Pharynx slightly congested [2-2]; pharynx injected and granular; entire mucous membrane of upper passages congested; throat congested; tonsils injected, < r.; increased hyperemia of throat; C — r. tonsil injected; throat felt congested; D — congested feeling through nose and frontal region; throat congested; veins of throat congested; marked congestion of throat.

Inflammation. Marked inflammation of pharynx; B — 4 p. m. weak sensation all over, similar to that once felt when tonsilitis was developing. (See Sum. of Exams.)

Swelling. Throat swollen [3-3], < r.; feeling as though tonsils were swollen [2-2]; tonsils swollen and injected, < r.; sensation of a lump in throat [3-8]; of lump on r. side of throat; tight, swollen feeling in pharyngeal muscles, extending to ears; C — uvula broad and elongated; sensation of relaxation of palate; sides of neck swollen until even with cheeks; D — sensation of large, hard lump in region of larynx (unusual).

Fulness. Sensation of fulness in throat [1-2] on both sides alike, later extending to ears; B — throat felt full, with inclination to swallow frequently; C — sensation of fulness in

ears, following sore throat[1-2]; 2 p. m. fulness in throat preceded headache; D — sense of fulness in frontal sinus; sensation of pressure in pharynx extending to temples, from nausea.

Constriction. Sensation of constriction in throat[2-2]; throat feels like a "narrow, sore ring"; sense of constriction with dryness in larynx; C — sensation in pharynx, on either side, as though being gagged; throat painfully dry with constriction; D — drinking cold water causes constriction in throat, but warm tea does not produce this effect; sensation of constriction around throat as though collar were too tight, with dullness and heaviness in head; sensation as though mucous membrane of posterior pharynx were drawn up by astringent.

Spasms. Several times rigid spasms in region of larynx; E — empty swallowing attended with painful contraction and spasms of pharynx.

Stiffness. Throat stiff and parched; B — upon waking, sore throat and stiffness of neck; E — throat felt hard and stiff when swallowing, with soreness.

Hoarseness. Hoarseness [19-22], < out-of-doors[1-2]; < in well-warmed room; temporarily > on raising tasteless, colorless phlegm, with difficulty; hoarseness on waking[1-3]; in 2½ hrs. after taking drug, hoarseness developed and remained; voice became harsher; voice husky[2-2] and thick; voice sounds husky and requires effort to speak.

Cough. Dry, hacking, paroxysmal, excited by dryness or tickling in throat, < nights, < warm room (see Respiratory System); B — cough[1-3], < night, "different from any I can ever remember before the proving," the throat seemed less sore than swollen on r. upper side, the cough excited by dryness below larynx, after awhile sputum (colorless and tasteless) being raised and cough >.

Articulation. Tongue seems thick, has some difficulty in articulating clearly[1-2]; tongue sticks to roof of mouth, hard to articulate words for this reason; requires an effort to speak, from huskiness of voice; difficult to speak so as to be easily understood, from dryness of throat; B — talking difficult[1-2]; on waking could hardly speak; C — did not seem to have good control of tongue, making speech difficult; E — mouth so very dry that talking was difficult; speech sounded thick.

Dysphagia. Much difficulty in swallowing, from dryness of throat and character of secretions. (See Alimentary System.)

Desires frequent drinks of water on account of dryness of mouth and throat, rather than from thirst (many provers); B — inclination to swallow frequently because throat felt

full; C — disposition to swallow frequently, but pain makes him desist.

C — Aching. Throat aches [1-2].

D — Wheezing. Throat and upper part of chest wheezy in morning on waking.

E — E — throat felt wheezy in a. m.

Tissue Changes. **Nose.** Small, red, bean-sized macular spot appeared at end of nose, l. side, with soreness, slight pain and swelling.

Alæ of nose red and sore.

Much soreness in l. nostril, feels like a boil.

Inflamed, tender pustule just within l. anterior nares, on ala, with redness to tip of nose, the nose feeling sore and itching, with dryness high up within.

Small ulcers on each side of nasal septum.

Mouth. Small papule on inner surface of gum, r. side, sore to touch.

Small, soft papule on frenum of tongue, with slight feeling of soreness like canker.

Round cankers in mouth, which are quite sensitive.

Glands. Glands slightly swollen under angle of jaw.

Enlargement of submax. glands.

Swelling of both sides of neck, below angles of jaw, with swelling and hardness of submax. glands, not tender upon pressure, with increased salivary secretion, but without apparent involvement of either parotid or subling. glands; later, sides of neck swollen until even with cheeks.

Curative Effects. [Very much less excoriation on both sides of septum than before proving, also less congestion in oro-pharynx. — Ex.]

[When commencing to take drug, had sore throat with sharp pain on swallowing, remains of a cold; this disappeared entirely by night. — D.]

[Less inflammation of pharynx than was observed before medication began; soreness and pain relieved. — Ex.]

[On 2d day of drug, the membranes of the pharynx and larynx changed from the bright congested color (prelim. exam.) to a paler hue. — Ex.]

[Early in proving, nose and throat presented a more normal appearnce than on prelim. exam. (post-nasal catarrh noted), but a week later marked increase of dryness and redness of naso-pharynx became apparent. After the proving the redness entirely disappeared, and the parts had a more healthy appearance than before the proving, because of the lessened secretion. — Ex.]

[The slight congestion of oro-pharynx and faucial pillars noted in prelim. exam. is less. — Ex.]

[The mucous membrane (of nose and throat) has a more normal appearance than on prelim. exam. (post-nasal catarrh then noted). — Ex.]

Summary of Examinations

(The numbers refer to examinations which were usually made twice a week.)

Nose. Nostrils congested.

Nares abnormally dry [5]; mucus encrusted anteriorly [2]; congested.

Mucous membrane: abnormally dry [21]; congested [10]; reddened [8]; pale [5].

Turbinates. Inferior: enlarged, < l.[4]; reddened; dry; congested, < l.[7]; flecks of blood, r.; posterior ends pink; posterior end more boggy. Middle: dry; congested [3]; inflamed.

Septum: inflamed, r. and l.; small ulcers, r. and l.; mucus dries in scales.

Naso-pharynx. Mucous membrane: abnormally dry [10]; pale [2]; reddened [6]; congested [4]; inflamed [2].

Vomer: dry; infiltrated; congested [2]; inflamed.

Eustachian prominences: dry; red; congested; inflamed [3].

Mouth. Mucous membrane: abnormally dry [10]; glistening; pale; dark red; congested.

Tongue. Dry, glazed, and cracked. (See Alimentary System.)

Soft Palate. Abnormally dry [3]; dark red; congested; congested at margin; congested in patches; inflamed [3].

Uvula. Relaxed; dry; dark red; red rash on back; round, red elevation similar to eruption of measles.

Tonsils. Enlarged, < r.[3]; dry [2]; red [2]; congested [2]; inflamed [4].

Fauces. Mucous membrane: hyperemic.

Pillars: dry [2]; reddened [7]; inflamed [2].

Pharynx. Mucous membrane: abnormally dry [32]; abnormally pale [15]; glistening [4]; reddened [4]; congested [12]; inflamed [4]; thickened.

Follicles: swollen [3]; more inflamed [2]; prominent [3]; groups more distinct [4].

Throat. Mucous membrane: abnormally dry [8]; glistening; reddened [2]; congested [4]; inflamed.

Epiglottis. Dry; red [2]; capillaries dilated, under side, just above cushion; congested [2]; inflamed.

Glosso-epiglottic fossa congested [3]; inflamed [2].

Larynx. Mucous membrane: abnormally dry [26]; abnormally pale [14]; glistening; reddened [4]; congested [8]; infiltrated (posterior border).

Aryteno-epiglottic fold: congested [3]; inflamed.

Ventricular bands: congested [3]; inflamed.

Vocal cords: abnormally reddened; congested[16]; secretion adherent, l.; relaxed.

Muscles concerned in movement of vocal bands: unaffected[4]; abductors weak.

Trachea. Visible portion: congested[4].

Glands. Submaxillary: enlarged[3]; l.

Lymphatic, about neck, unaffected[5].

Secretions. Mucus, in mouth and on pharyngeal walls: diminished[12]; increased[2]; dry[2]; thin[3]; frothy[3]; thickened[4]; sticky[2]; stringy[2]; tough[2]; glairy[2]; viscid[4]; tenacious[11]; adherent[8]; dry, compact chunks, difficult of expulsion.

Sense of Smell. (Numbers here refer to provers). Sense of smell unchanged[6]; more acute[2]; less acute[2]; lost[1].

5. Respiratory System

Hoarseness. Voice sounds husky and it requires an effort to speak; hoarseness[25-34]; very hoarse[3-3]; hoarseness on waking[4-6] and scarcely able to speak audibly[2-2], with difficult breathing and dry cough; hoarseness < in well-warmed room[2-2], difficult to speak so as to be easily understood[2-5]; B — hoarseness temporarily > on raising tasteless, colorless phlegm, difficult to start; with scraping below palate to supra-sternal fossa.

Dryness. Throat very dry on waking, talking difficult[1-2]; much dryness of throat < in warm room[1-4]; dryness of throat excited violent paroxysm of coughing, raising nothing; B — excessive dryness of throat made coughing painful; dryness below larynx excited dry cough; throat and chest so dry as to cause an occasional, single, dry cough; E — dryness of larynx with hoarseness.

Tickling in larynx inducing cough[2-2]; in upper trachea, just above sternum, causing cough[1-3]; in trachea and large bronchi; some cough caused by tickling in chest; B — tickling in trachea causes cough; D — dry and irritating cough caused tickling sensation but no pain.

Clearing. Had to clear throat frequently all day, but voice not hoarse; continually clearing throat of accumulating mucus; continually clearing throat by hemming; inclination to clear throat; constant need to clear throat; throat seems to "stop up"; constant necessity of clearing throat of accumulated mucus, which is thin, colorless, tasteless and difficult to dislodge; constant clearing of throat and upper chest on going into cold air; much mucus in lower part of throat[2-3], dislodged with difficulty[2-2]; E — raises much phlegm, but with difficulty; much hawking.

Pain. Pain in precordial region just before eating; B — pains

in both sides of chest [1-2]; pains in l. side of chest all day [1-3]; E — pain in l. chest [1-2], just above breast.

Stiff pain, during a. m., through l. chest, from axilla backward to inferior angle of l. scapula, upon turning head, < if toward l. or upon inclining it toward l. shoulder (probably muscular).

Strong pain in l. side of chest, back of nipple, extending to back on same and then on opposite side, lasting about 3 min.

Sharp pain back of l. nipple, < while inhaling; pain back of l. nipple, so sudden and sharp as to cause raising of hands to chest and involuntary exclamation and gasp; in evening, sharp, burning pains in chest with every breath, < breathing deeply; strong, sharp pain in chest, back of l. nipple, < gaping and upon deep inspiration, making breathing difficult for about ½ hr. [1-2]; B — momentary, sharp pains in r. side of chest; C — sharp, intermittent pain in r. chest wall, between third and fourth ribs; D — sharp, darting pains in l. side, just below last rib, felt on expiration; E — sharp, transient pains in chest walls, r. and l. sternum, between third and fourth ribs; sharp pains, back and front, through l. chest; sharp, darting pain in l. chest wall under and below scapula.

Sticking pain of short duration in r. side chest; occasional slight, sharp, sticking pain in anterior lateral chest, r., on breathing, < expiration; sharp, stitching pain in r. chest. B — aching pains from chest to back on breathing or coughing.

C — slight pains in chest when rising from sitting posture. D — heavy pain in chest; heavy, pressing pain across chest; pains in r. and l. side of anterior chest, in mammary region and above, also below l. nipple, these pains pressing at various times and rather dull in character, < on exertion but not made < by breathing.

Dull pain in both sides of chest; dull, aching pain in l. upper chest which continued 22 hrs., < on motion, such as bending over or taking deep breath, but present during ordinary respiration although not so severe, the pains somewhat < on going into open air.

Soreness. Sore throat extending to trachea; upper part of chest very sore inside [1-8], < inhaling cool air [1-3]; oppressive soreness in r. upper chest [1-4], not to touch, not < deep breathing; soreness in r. lung with pain extending through to back and up under scapula; B — feeling of soreness along sternum to xyphoid appendix on taking long breath; E — soreness in subclavicular region on r. side, which comes and goes, not < motion of any kind.

Respiration. Shallow (2 provers); B — tendency to breathe

in a shallow manner, as deep breathing caused increased pain and soreness.

Sighing respiration frequent (evening, pulse 102 and full, temp. 99); B — frequent sighing respiration; sighing, which seemed to be out of the ordinary, was present throughout day [1-2], as though the lungs would cease acting and he "would have to start them up" with some effort, this condition most marked toward night, with slow heart beat and in evening sense of pressure on chest behind sternum, with tendency to sigh that he might get more air [1-2].

Oppression. Oppressed, tight feeling in chest [1-3], continuing through day as if a cold were coming on [1-3]; sensation in chest as though coming down with a hard cold, < r.; sensation of pressure under sternum; heaviness about chest [1-15], < in upper anterior portion [1-2]; about 3:30 p. m., rather suddenly, felt fulness of thorax above line of nipples, extending into throat, with respiration more rapid and shallow than usual and nervous restlessness accompanying, all these symptoms wearing off gradually by 8 p. m.; sensation as though there were a heavy weight on upper anterior chest, < on inspiration, accompanied by a sore feeling as from strain extending throughout a space enclosed between lines drawn horizontally through nipples and from nipples through supra-sternal notch, this soreness occurring at every breath, and < for 4 or 5 sec. after coughing; B — feeling of heaviness on r. side of chest [1-3]; heavy feeling in chest through evening, with dry cough; pressure on chest [1-7], as if she could not get enough air [1-2], > when lying down, as if room were too small to breathe in; oppression of chest in evening; oppressed feeling in upper part of chest [1-4]; raw, scraping feeling from throat half way down sternum and below this point a feeling of weight and pressure extending 2 in. either side of and to end of sternum, made < by coughing and breathing [1-2] [inspiratory and expiratory sounds normal; resp. 20; pulse 76. — Ex.]; C — chest felt quite full; oppression of chest toward evening, with frequent tendency to cough, but not violently; E — sense of oppression in chest (temp. 99.7; pulse 84, resp. 16); heavy feeling in chest at times, < in upper anterior portion [1-9].

Constriction. Just after retiring, before going to sleep, experienced a sudden sense of constriction of the chest with oppression; had to move quickly to get rid of this smothering sensation; B — chest seemed too tight; E — tight feeling in chest; sensation as of a band around upper part of chest.

Dyspnea. Shortness of breath [1-3]; awoke during night with sensation as if she were unable to breathe; breathing difficult [3-6], < in doors, < r.; B — feeling of suffocation; upper part of chest feels like a sponge through which he breathes with great difficulty, this condition noted in warm, comfortable room, and hardly speaking; constant irritation in upper part of chest with difficult breathing, < body bending forward; C — difficult to breathe, as though not enough air in room; E — has smothering sensation, with difficult breathing; breathing feels oppressed "as if from asthma" [1-4] [râles not heard below line of nipples. — Ex.]; difficult to breathe cold air unless doing it quite slowly, on account of soreness and wheezing in chest.

Wheezing. After rising, lungs were very wheezy; B — after rising, upper part of chest very wheezy with difficulty in breathing on this account; wheezy breathing, morning and nights; C — outer air caused wheezing sensation in upper chest and inclination to cough; wheezing sounds in upper part of chest wheezy on breathing; throat and upper part of chest wheezy on waking; wheezing on inspiration and expiration; wheezing feeling in chest as though he could not get air enough, but no pain; chest wheezy with very little mucus dislodged [1-3]; E — throat felt wheezy in a. m.

Cough. Through entire day a troublesome cough at intervals, excited at times by almost every breath and causing painful sensation in lower part of throat; coughing painful in trachea; coughing causes pain in throat; violent coughing causes pain in r. side of head; cough dry, < nights, < warm room; violent paroxysm of coughing excited by dryness of throat, raising nothing; coughing, which has become painful, both indoors and in the outer air [1-3] [this condition of chest has lasted for three days, though he has had no sore throat or cold. — D.]; prover has dry, hoarse cough, with expectoration of thick, nearly transparent, whitish mucus twice only during the day without previous cold, the cough < by every exertion however slight, < by bending forward not by bending backward, < by riding a wheel and < from cold air; B — cough mostly dry but raises some lightish-colored mucus like chunks of phlegm; marked aggravation of cough by outside air and amelioration by raising a thick, dark-colored mucus in small quantity, dislodged with difficulty, from lower part of throat; coughing painful on account of excessive dryness of throat; cough [1-3], < night, "different from any I can ever remember before the proving," the throat seeming less sore than swollen,

on r. upper side, the dry cough excited by dryness below larynx and relieved after a time by expectoration of colorless and tasteless sputum; hacking cough; percussion of chest induced coughing; from early morning continuous and very troublesome coughing, which is very painful, one coughing spell seeming to bring on another, the irritation being in lower part of throat or upper part of chest and trachea, with tickling in trachea, the coughing giving relief only for the moment and not eliminating tendency to cough again in 1 or 2 min.; cough exceedingly troublesome throughout day, excited by breathing, whether in or out of doors, for the most part dry and causing pain in lower part of throat; oppressed feeling in upper part of chest [1-4] with impulse to cough with almost every other breath, the cough relieving for few seconds only; C — slight cough; awakened by coughing spell, with considerable loose mucus; some relief to cough by dislodging, thick, yellow mucus 2 or 3 times during a. m.; cough very bad, raises much phlegm; D — found it difficult to breathe without coughing for 1 hr. in a. m.; cough dry and irritating, causing tickling sensation but no pain, < by exertion, by cold, damp air and on going to bed, > by bending forward; E — slight cough in night, < morning.

Hiccough. Some hiccough.

B — Stuffiness in nose with difficulty in breathing; C — stuffiness of nose [14]; nose stopped.

Fatigue. Talking tires chest.

Burning. Slight painful, burning sensation on both sides of chest on inspiration.

D — Weakness. Tired feeling in chest as if she could not stand straight; E — weakness of lungs; "it seems as though it would be easy to stop breathing."

Rattling sensation about l. side of chest; lower part of chest; sneezing causes "a raw feeling behind sternum and sensation as though something were rattling in front of chest," the rawness extending to xyphoid appendix; E — "rattling feeling" in l. side of chest below nipple [1-4].

Summary of Examinations

(Numbers refer to Provers)

Respiration. Rate: increased [3]; markedly increased [1] (17 to 22 per min.); slower [2]; markedly slower [1] (20 to 14 or even 12); slower at beginning of proving but at end faster [1].

Rhythm: unchanged.

Character: shallower [3].

Râles. Dry, rough, coarse râles, heard on inspiration, over upper anterior chest, evidently bronchial in origin (resp. 16); dry râles in upper anterior chest; sibilant râles in upper chest; sibilant râles in upper r. chest ["prover complained of no symptoms of lungs but to me there seemed to be a little roughness over apex of l. lung and a few râles through both lungs (prelim. exam. normal in these respects)." — Ex.]

6. Circulatory System

Pain. Slight pain in region of heart [1-3], in a. m. [1-2], lasting ½ hr.; E — slight pain about heart.

Pain in precordial region just before eating; pain in cardiac region, coming suddenly, lasting 5 min., with fear afterwards to take long breath lest it should return; feeling in region of heart as though something would break if she walked fast; D — pain in l. side, probably about heart; E — an "indescribable" pain around heart, in region of apex beat, but "did not seem to be the heart."

Severe pain over base of heart after walking a distance; B — 2 p. m. sudden, severe pain as if something pressed into the heart, lasting a few minutes and followed by a dull, steady pain in the whole heart all the p. m. and evening; 5 days later, about 8 p. m., 8 or 10 similar pains recurring, but less severe, leaving the same after-sensation.

Sharp pain at apex of heart; 3 p. m. sharp pain (while out walking), lasting ½ hr., in region of heart, as if "pierced by blunt instrument"; B — a great deal of pain in region of heart, which was sharp [1-3], < motion [1-2] and entirely > keeping quiet.

Pulsating pain in second finger l. hand; C — pain in r. arm in distinct pulsations during which he could seem to feel beating of the pulse; E — momentary, sharp and dull pains, sometimes pulsating, in various localities, especially about feet and knees.

Relaxation. Sensation of relaxation of vascular system, < p. m.; veins distended.

Flushing. Face flushed [3-6] at 3 or 4 p. m. [1-4]; B — 2 p. m. face flushed but not the forehead; E — face flushed almost scarlet.

Face looks suffused and pinkish; 2 p. m. face very red [1-2], felt as though all the blood in her body was in her face; B — when in warm room auricles both warmer and redder than usual [1-4]; C — 3 p. m. sudden rush of blood to

head with red face, the neck feeling swollen and the ears as if they would burst, lasting about 2 hrs. and lessening gradually, but recurring on the following day at 3 p. m. and again after supper, but of shorter duration; D — face red below eyes; face red below forehead; E — hands feel dry and are red.

Pressure of blood through head and face as if they would burst when stooping down; C — face congested.

Heat in face [1-2], as if riding in wind, with burning [1-2]; hot, burning face in p. m.; in evening; head felt too hot [2-2]; C — in evening air l. cheek and ear red, hot, and burning.

Feels hot over entire body [1-2], especially face (pulse 72, temp. 98.2); D — feeling of heat over entire body, < ½ hr. after taking drug, yet feels cool to the touch; surface of body and hands felt abnormally warm, even to touch of others; E — sensation of "inward fever"; felt sense of heat all day, although weather was somewhat cool; heat of skin and desire to get cool place in bed caused restless sleep; profuse perspiration over entire body with feeling of great internal heat (pulse 112); hot feeling all over, with high pulse.

Sensation of heat in hands [1-2], which felt hot to others; B — hands very hot; B — feeling of warmth all through chest.

Pulsation. Pulsating over entire body, standing or sitting [1-2]; D — throbbing all through body [1-2].

Temporal arteries beat quite noticeably; B — pulsation through subclavian artery, r., extending upward and outward toward arm, appearing at night after lying down [1-3]; D — vessels in hands, arms, and temples beat strongly.

Palpitation of heart on going upstairs [1-2]; B — drug affects heart, feels short of breath on ascending stairs; E — palpitation of heart from least exertion.

Irregularity. Felt as if his heart would stop beating; awoke at 4 a. m. with fluttering of heart (pulse 60 and very weak); C — heart beats irregularly [3-11] [says for 9 days her heart has beaten irregularly, first strong then weak, especially between 11 a. m. and 2 p. m., though not every day, and at these times has felt dull and as if she would like to "close her eyes and drop off." — Ex.]; C — heart beats faster during inspiration than during expiration; D — heart seemed "to flop" as if startled, with pulse soft and irregular.

Pulse. Rate, increased, 35 provers; decreased, 5 provers. (See Sum. of Exams.)

Force, increased, 5 provers; decreased, 21 provers. (See Sum. of Exams.)

Pulse very soft and weak; E — pulse weak and poor in

quality; pulse weak, felt as though her heart were not beating; pulse slow.

Pulse somewhat irregular; pulse unduly quickened and weakened by exercise; pulse increased in rapidity but weakened and intermitted 4 times a minute.

Weakness. At times sinking feeling in precordial region (pulse 100).

B — Coldness. Chills; D — chilliness all day, off and on.

Hands cold [2-2]; feet cold and head warm; D — feet and legs cold to knees.

C — face felt cold and as if growing white, but looked red and was objectively hot.

C — Dilation. Heart seemed too large; E — at various times during day sensation as if heart was enlarging, seemed as if it was actually undergoing dilation [1-9]. (See Heart Sounds, Sum. of Exams.)

Summary of Examinations

(Numbers refer to Provers)

Pulse. Rate: increased, 35 (80 +, 1; 90 +, 9; 100 +, 8; 110 +, 1; 120 +, 1) (sitting).
decreased, 5 (60 —, 2; 50 —, 1).
variable, 1 (99 to 70).
ratio between standing and sitting: increased, 4.

Force: increased, 5.
decreased, 21.
variable, 1 (every second or third beat of radial pulse was much stronger, with heart's action regular).

Volume: increased, 2.
decreased, 2.
variable, 1 (first increased, afterwards diminished).

Rhythm: regular, 11.
irregular, 8.

Tension: increased, 1.
decreased, 6 (one prover from 8 cm. to 11.5 cm.).

Dichrotism: 3 (all very pronounced; very marked primary crest, not sustained, followed by strong dichrotic wave).

Heart Sounds. A functional murmur, systolic in time, appeared at apex, probably due to dilation; suspicion of systolic murmur at base, not constant, probably due to dilation; first sound shortened, accentuated, and slightly irregular in rhythm and force; second sound slightly irregular in rhythm; first sound, length of boom became less than normal, character not strong, murmur less evi-

dent, regularity unchanged; second sound, strength increased, regularity unchanged.

7. Alimentary System

Dryness. Lips dry [9-16]; lips very dry [3-4]; lips very dry all day; lips dry [1-2] and parched; B — lips dry and parched as if about to crack or chap, made worse by constant moistening; lips dry and have to be continually moistened; no thirst except to moisten lips; lips dry and rough [2-3]; lips dry and cracked [2-2]; C — lips parched and agglutinated by viscid saliva; D — lips dry and stick to teeth and gums, difficult to separate them.

Mouth dry [20-60]; mouth very dry [17-51]; on waking, mouth very dry [2-2]; on rising, dryness of mouth with bad taste; dryness of mucous membrane in mouth [1-3]; sensation of dryness and heat in mouth and throat with marked decrease of secretion [1-5]; marked dryness of mucous membrane of mouth, so much so that eating was difficult; B — mouth so dry, found difficulty in thoroughly moistening food after prolonged mastication; C — great dryness of mouth and throat, mouth so dry could not eat without drinking water; D — dryness of mouth and throat makes it difficult to swallow food; E — mouth and throat so dry and sticky he could hardly eat; ½ hour after taking drug, dryness of mouth and throat [1-2], not > by water and with no perceptible flow of saliva [1-2]; B — dryness of mouth and naso-pharynx nearly all day, not > by drinking water [2-2]; C — dryness of mouth and throat, not > by water; D — water > dryness of mouth only a few minutes.

B — on walking, mouth was moist but became dry 1 hr. after taking drug; dryness of mouth all day [1-2], < morning.

Mouth dry, with sour taste; E — dryness of mouth began 2 hrs. after dose, with bad taste.

Desire to swallow because of dryness of mouth; D — dryness in mouth and throat with constant desire to swallow.

Mouth dry but without especial thirst; C — mouth dry, but no thirst; D — mouth and throat dry and parched without thirst [2-3]; great dryness of the mouth itself, without thirst, and without much dryness of throat; not thirsty but wants to drink to > dryness of mouth; E — mouth and throat very dry but without thirst.

All day dryness and scratchy sensation in mouth, > drinking; E — dryness of mouth and throat, > temporarily by drinking water.

Dryness of mouth, seems to be > by eating sweet things, the relief lasting only a few minutes.

Mouth feels parched and looks dry; mouth dry and irritated; E — mouth and throat looked red, dry, and glistening.

Mouth very dry toward evening and night, < toward morning; mouth so dry it awakened him from sleep.

Sensation of great dryness of mouth and throat and yet a great deal of ropy mucus.

Throat dry [12-25]; throat very dry [17-50]; throat parched [4-6]; B — throat parched, < smoking; C — throat parched as after running, without thirst; E — throat parched, feels as if it were all shrivelled up.

Awoke with very dry throat; throat dry on rising [1-2]; dryness of mucous membrane of throat [2-7]; throat dry and scrapy [2-3]; throat dry and rough.

Marked dryness of throat, making it difficult to swallow; throat so dry can swallow only with difficulty; D — difficulty in swallowing solids, had to wash them down; E — difficulty in swallowing food on account of dryness of throat; had to take a drink of milk or water every time took food to wash it down; swallowing very difficult on account of dryness of throat.

Great dryness of throat, not > by drinking; throat very dry as if from dust, not > by water; B — throat very dry, not > by drinking; throat so dry that food sticks, not > by drinking [2-2]; C — water did not > dryness in throat; E — water does not relieve dryness of throat.

B — dryness in throat without thirst [2-2]; D — desire to drink but not because of thirst; dry feeling in throat without thirst, > by walking, repeated many days during the proving.

Very dry feeling in throat, has to drink water to moisten [1-3]; dryness in throat > a few seconds only by sip of water; C — has to swallow frequently to moisten throat; D — must swallow continually to moisten throat; E — desires frequent sips of water on account of dryness of throat.

Dryness of throat all day [1-2], < morning; throat painfully dry with constriction, dryness extending to both trachea and esophagus.

C — throat very dry, but > somewhat by eating; B — marked dryness in throat, causing sensation of choking, but > by eating.

D — throat dry and congested; throat feels dry, yet it is moist and covered with sticky and very tenacious mucus [1-2].

Pharynx dry [4-5]; dryness of posterior wall of pharynx [2-2]; pharynx dry without thirst [2-2]; pharynx dry, < empty swallowing [2-2]; pharynx dry, > by eating; upper and back part of pharynx painfully dry, necessitating constant

swallowing; B — pharyngeal mucous membrane intensely dry [1-2], < towards night; pharyngeal mucous membrane intensely dry, causing great thirst [1-4] and difficult swallowing [1-2]; dryness with scraped feeling [1-6] in back part of pharynx, impossible to swallow anything dry without partaking of fluid at the same time; C — dryness of pharynx accompanied by increase of saliva; posterior pharynx feels dry and drawn up as from astringent.

Tongue dry [4-7]; tongue very dry [2-3]; tongue dry, hot, with white coating, and felt thick and cottony; C — tongue so dry it almost cracked crosswise; tongue dry, fissured, and brown.

Fauces and cheeks dry and burning, and felt as if when touched the mucous membrane would stick to finger and peel off; C — fauces felt dry although covered with slimy, mucous saliva. (See Dryness in Nose and Throat.)

Stickiness. Lips stick together [2-2]; thick, gluey substance collected frequently upon lips and teeth; B — lips sticky and parched; lips agglutinated by saliva; C — lips sticky as if covered by mucus; sticky mucus on lips and teeth which had to be brushed away; D — lips stick to teeth and gums, difficult to separate them.

Mouth sticky [3-3]; C — in spite of dryness, a sticky, ropy saliva all over surfaces of mouth and throat; D — some sticky mucus in mouth; throat feels dry, yet is moist and covered with sticky and very tenacious mucus; E — mouth and throat so dry and sticky he could hardly eat.

Tongue sticks to roof of mouth [3-3], < at night; C — tongue sticky; tongue coated with white, sticky substance. (See Saliva.)

Roughness. Roughness in throat on swallowing [1-5]; roughness and dryness in throat as if he had eaten green persimmons; B — lips rough and dry [2-3].

Scraping. Throat scrapy and dry [2-2]; B — scraping in throat posteriorly; D — all day scratchy sensation in mouth, with dryness, > by drinking.

Cracking. Lips cracked [2-5]; tongue cracked; B — lips cracked and dry [2-2]; lips dry and parched as if about to crack or chap, made < by constant moistening; D — lips as if chapped, and stinging when touched with tongue; tongue so dry that it is almost cracked crosswise; E — tongue dry, fissured, and brown.

Swelling. Throat swollen; swelling and hardness of submax. glands [1-7], with increased salivation, but without apparent involvement of either parotid or subling. glands; B — tongue seems thick [1-2].

Burning. Lips burning; burning in cheeks and fauces; burning pain in l. hyperchondrium and edge of ninth rib; B —

much pain and burning in anus; D — burning of esophagus all the way to stomach after taking drug; E — burning in anus (subjective feeling of heat and burning in pharynx but no objective symptoms).

Heat. Sensation of heat in mouth and throat; tongue hot and dry; B — some heat in rectum; E — at times feeling of heat in stomach with great nausea.

Sensitiveness. Mouth and gums tender; mouth tender on chewing [1-2]; crust of bread hurts mouth; whole tongue sore and tender; E — stomach sensitive to pressure, cannot bear the clothing tight; abdomen sensitive to pressure.

Congestion. Entire mucous membrane of upper passages congested; E — congestion of gum between the two lower incisor teeth.

Soreness. Sore throat (see section 4); some soreness "as if raw" when swallowing water; tongue sore [2-2]; whole tongue sore and tender; B — sides of tongue sore; C — tongue sore and red on tip, feeling as if it had been bitten; base of tongue parched and sore; D — base of tongue sore, < l.; soreness of underside of tongue on l. (See Nose and Throat.)

B — soreness in the region of upper border of liver; soreness and aching in epigastric and umbilical regions, < 4 to 8 p.m.; C — soreness in bowels, must walk carefully; D — sore feeling in abdomen, < walking; E — for 1 hr. after waking, feeling of soreness at pit of stomach; soreness in abdomen [1-2], first appearing late in evening.

D — lips sore [2-2]; mouth sore; throat felt hard and stiff when swallowing, with soreness; soreness on swallowing, which seemed low down in throat and felt more marked on one side than on the other.

Odor of Breath. Breath offensive; putrid odor in mouth.

Taste in Mouth. Bad taste in mouth [1-2] as if tongue and whole inside of mouth were coated; bad taste in mouth [1-2], < at base of tongue; bad taste in mouth [8-9]; bad taste in mouth on rising; B — all day an indescribable taste in mouth; E — very bad taste in mouth.

Sour taste in mouth after eating [1-5], lasting 2 or 3 hrs.; after meals peculiar, sour taste in mouth; B — sour taste in mouth with dryness.

Bitter taste in mouth [4-6].

Putrid taste in mouth, with slimy mucus [1-3], < mornings.

Feverish taste in mouth.

Salty taste of saliva, which is scanty and thick.

D — metallic taste in mouth; E — a marked, metallic taste in mouth.

E — sweet taste, after eating sweets, remains a long time in the mouth, even 2 or 3 hrs.

Taste of Food. Taste perverted; food seems tasteless and unnatural [1-2]; all food tastes flat or bitter [1-2]; water has a very peculiar taste; B — food has no taste, cannot distinguish between meat and bread; cannot tell nature of food by taste; all food tastes alike, as if he "chewed rags"; C — unnatural taste to food; D — loss of taste while eating a nut, had to take water to swallow it; E — nothing tasted good.

Tongue Coatings. Tongue coated at base [2-2]; back part of tongue slightly coated [1-3]; slimy coating on back of throat; tongue considerably coated, with marked disturbance of stomach; B — tongue flabby and pale; D — tongue coated heavily; E — there seemed to be a moist, sticky coat over a dry surface of mouth and throat.

Yellow coating down centre of tongue; tongue coated yellow [2-2]; tongue coated yellow at base, thick, yellow coating on tongue which can be easily scraped off; E — tongue coated yellow, mostly at base, with tip bright red, but dark in color.

White coating on tongue [1-2]; heavy, dirty white coating on back part of tongue and slightly in front [1-3]; tongue coated white on back and along middle, but red at tip and along edges; white coating on tongue, which felt hot, dry, thick, and cottony; C — tongue coated with white, sticky substance; E — tongue whitish, with red papillæ and red tip; triangular coat on base of tongue, slight, grayish coat on sides.

Brown coating, slight, on tongue; E — brownish secretion with brownish coating on tongue.

E — red coating on edges and tip of tongue.

"Strawberry" appearance of tongue; E — papillæ prominent, clear triangle at tip — this condition of tongue observed on two successive weeks, with coating clearing 5 days later, but papillæ remaining prominent.

Saliva. Saliva scanty [2-2]; very little saliva [2-2]; almost entire absence of saliva in mouth; no perceptible flow of saliva [1-2]; D — scanty secretions in mouth and throat.

Saliva increased at times; secretions of mouth slightly increased; slight increase of saliva and thin mucus in oropharynx; increased secretion of saliva, but sensation of dryness in mouth; C — increase of saliva accompanied by dryness of pharynx.

Saliva thick [4-11]; C — expectoration thick and tenacious [2-2]; D — thick, sticky saliva; E — sweets (food) thicken saliva so that swallowing is difficult. [1-4].

Saliva viscid [2-3]; C — saliva so thick and viscid it can be rolled up in lumps by the tongue.

Saliva sticky [4-7]; B — saliva very sticky [1-3]; D — thick, sticky saliva; E — saliva dry and sticky, hindering deglutition; saliva like cotton, which sticks to dry surface of mouth and throat when expectoration is attempted.

Saliva dry; E — saliva dry and sticky.

Saliva frothy [4-14].

Saliva white as snow [2-2]; D — mouth feels furred, with white, frothy saliva.

Saliva of salty taste.

Ropy saliva all over mucous surfaces of nose and mouth; C — ropy saliva all over surfaces of mouth and throat; E — ropy secretion in mouth and throat.

D — saliva like cotton; mouth feels as though it were full of cotton; E — tongue coated and thick saliva like cotton; saliva like cotton, which sticks to dry surface of mouth and throat when expectoration is attempted.

Mucus. Thick, gluey substance collected frequently upon lips and teeth; C — lips sticky, as if covered with mucus; sticky mucus on lips and teeth, which had to be brushed away; D — throat feels dry, yet it is moist and covered with sticky and very tenacious mucus [1-2]; some sticky mucus in mouth.

B — mouth feels slimy; C — fauces felt dry although covered with slimy mucus; E — tongue coated with thick, slimy mucus; slimy mucus in pharynx.

Mucus in throat so tough it cannot be expelled, but causes retching; C — efforts to clear out mucus caused empty retching; pharynx filled with viscid mucus; secretions in mouth viscid; D — sensation of great dryness of mouth and throat and yet a great deal of ropy mucus; E — the surface of mouth and throat was covered with a ropy, tough mucus.

C — frothy mucus in mouth; E — profuse secretion of watery mucus in mouth, with disgust for food.

Deglutition. Deglutition difficult [5-5]; food lodged in throat [2-2]; difficulty in swallowing food on account of dryness of throat [6-7]; B — impossible to swallow anything dry, must partake of fluid at same time; throat so dry that food sticks, not > by drinking [2-2]; D — must moisten food previous to swallowing; difficulty in swallowing solids, had to wash them down; while eating a nut had to take water to swallow it; E — had to take a drink of milk or water every time he took food to wash it down; sweets (food) thicken saliva so that swallowing is difficult or impossible without water [1-4].

Roughness in throat in swallowing [1-5]; D — throat felt hard and stiff when swallowing, with soreness; E — soreness on swallowing, which seemed low down in throat.

B — constriction of esophagus when swallowing, < soft foods and liquids; drinking cold water causes constriction in throat, but hot tea does not produce this effect; D — throat felt constricted.

C — empty swallowing gives sensation of raw surface; D — frequent disposition to swallow, but pain makes him desist; empty swallowing attended with painful contraction of pharynx.

Hard to make muscles of throat act when first swallowing.

Appetite. Appetite decreased [3-4]; appetite poor [1-6] (usually excellent); could not eat, > by lying down, > by walking in open air, < while indoors; no appetite for supper; no appetite [4-4]; cannot eat anything; appetite entirely lost. B — ate very little; but troubled with sensation of hunger [1-4]; C — loss of appetite; no appetite for dinner; loss of appetite for supper; D — ate neither lunch nor dinner; complete loss of appetite; E — appetite for breakfast not good; poor appetite for dinner; gnawing, gone sensation in stomach, with lack of appetite and nausea.

Thirst. Thirst [4-4] with frequent draughts of water [2-7]; wants to drink water very often; E — thirst for large draughts of water at frequent intervals.

Very thirsty for large quantities of water; great thirst, not > by profuse flow of saliva, desire to drink whole tumbler of water at a time; desire for water nearly all day; B — increased thirst [1-3]; very thirsty [1-3]; great thirst; E — extreme thirst.

Much desire for cold water [1-2]; D — desire for cold water; B — great thirst not satisfied with water, but quenched by lemonade; great thirst all p. m. and evening, finally quenched by cider; great thirst all day as from "inward fever" only > by acid drinks; E — thirst which is < by water; very thirsty, water > only while drinking.

Absence of thirst [1-2]; D — almost entire absence of thirst and, when present, satisfied with very little water; E — no desire for water.

Cravings. Craves coffee, which is unusual (see Section 17).

Aversions. Inability to eat anything sweet or sour; B — especial aversion to eggs; D — aversion to eating; aversion to meat; aversion to anything which needs chewing; E — could not eat dinner because of disgust for food. (See section 17.)

Heartburn. Heartburn [1-2]; D — heartburn.

Eructations. "Belched wind" immediately after each dose; eructations of H_2S gas; C — considerable belching of gas; eructations of gas for 24 hrs.; belching of wind [1-3] for several min. at irregular intervals during day; after

taking drug, gas forms on stomach which is > by repeated eructations; D — some tasteless eructations; sour eructations with some nausea; belching of flatus, which tasted like rotten eggs; sharp pain in epigastric region with some eructation, which is slightly bitter; sour eructations after supper.

Nausea. Slight nausea [6-9]; nausea [3-8]; gagging; nausea began 1 hr. after breakfast; nausea in warm room; nausea [1-3] < indoors, not present when riding in the open; nausea ceased while out of doors, but continued during day when in warm room; extreme nausea [1-12]; nausea after every dose [1-5]; nausea accompanied by headache (7th day of drug); nausea on waking; slight nausea and discomfort directly after breakfast, lasting some time; B — occasionally a slight feeling of nausea; nausea with gagging [1-2] even after retiring; nausea in p. m. [1-2]; nausea after dinner; C — nausea confined to pharynx and upper part of esophagus; nausea attended by sensation of pressure in pharynx, extending to temples; extreme nausea, without vomiting, beginning about 2 hrs. after breakfast and continuing till dinner was eaten; nauseated [1-2] all day, < between meals, somewhat > after eating; sick feeling at stomach when empty [1-3], symptoms apparently > by eating; nausea increased by odor of food, also by sweet and sour things; cup of coffee gave no relief to nausea and was ejected in ½ hr., later a cup of tea acted the same way, in evening was able to retain a piece of bread, but could not drink; D — nausea with distress in stomach; nausea with colic; nausea with sour eructations; nauseated on taking sips of water; nausea [1-3] < motion; marked nausea, < by motion; E — feels like vomiting; sickness at stomach; qualmishness at stomach; nauseated all day [1-3]; nausea, after riding, from about 2 p. m. until evening; nausea, with gnawing, gone sensation in stomach; great nausea at times, with feeling of heat in stomach.

Vomiting. Inclination to vomit [1-2]; afraid to eat for fear of vomiting; sudden, violent vomiting with spasm of diaphragm, no nausea after contents of stomach were expelled; B — sudden, violent vomiting, with spasm of diaphragm, vomited matter expelled with great force and was bitter, sour, and very acrid; no nausea after contents of stomach were expelled; nausea, with vomiting [1-2] < by moving; C — drank large glass of water, which did not > dryness of tongue, and which was ejected in 20 min.; cup of coffee was ejected in ½ hr., later cup of tea acted in the same way; D — vomiting, material being in large quantities and bitter; dull pain in stomach,

with desire to vomit; E — vomited once; in evening feeling of great load in stomach, > by vomiting; by putting finger down throat to relieve nausea, undigested food was vomited which had been eaten 6 hrs. before.

Heaviness. Heaviness in descending colon; C — heavy feeling in stomach; D — weight in epigastrium [1-2]; heaviness in pit of stomach, which felt > from throwing shoulders forward; stomach heavy, with a disturbed sensation.

Pressure. Bearing down and pressure in lower part of abdomen; C — pressure and pain in lower abdomen [1-2]; sensation of pressure in pharynx attending nausea and extending to temples.

Distention. Abdomen distended [1-2]; sense of enlargement and fulness in hypo-gastric region [1-2]; bloated feeling in abdomen after eating; B — abdomen greatly distended, with feeling as though skin would burst; stomach feels distended [1-2]; C — bloating in bowels with cramps; D — abdomen much distended with passage of flatus; E — pains in stomach with soreness and distension; bloating of stomach and bowels; abdomen very much distended; tympanites.

Flatulence. More gas than usual in abdomen; flatulence, < towards evening; passage of much flatus; considerable flatus with offensive odor [1-2]; C — much gas in abdomen; accumulation of gas in abdomen during evening; much pain and flatus in abdomen; pain in abdomen and passage of much flatus; much unoffensive flatus passed per rectum; D — abdomen much distended with passage of flatus; abdominal symptoms < walking, and motion, > urinating, passing flatus and remaining quiet; E — pain and rumbling in abdomen [2-2]; rumbling in abdomen; distressing pain in abdomen, somewhat > passing flatus; passing of much flatus; feeling of incarcerated flatus; incarcerated flatus, which causes pain as it passes sigmoid flexure and rectum.

Discomfort. Discomfort in pit of stomach; C — early a. m., discomfort in abdomen; on eating only half a meal, had feeling of overloaded stomach, lasting ½ hr.; D — distress in stomach with nausea; E — uneasiness in bowels.

Cramping. Cramps in abdomen [3-3]; cramping sensation in abdomen, quite severe, but of short duration; slight cramp in abdomen soon after breakfast; 2 a. m., violent, intermittent, cramping pain in l. side of abdomen (descending colon), > pasty stool with much flatus; severe cramps in abdomen, lasting 10 to 15 m., < upright position and walking, > sitting doubled up; shooting pains and cramps low in abdomen; cramping, colicky pains in abdomen; B — at supper table cramping pain in umbili-

cal region, < after eating an orange and after rising and moving about; C — cramping in l. side of abdomen, as nearly as could be determined, in descending colon, compelling him to double up and > in that position; cramps in bowels with bloating; D — cramping pain pubic region; D — cramp-like pain in epigastric and umbilical regions.

Griping. Griping pain in abdomen, below and to r. of navel, spreading from r. to l., > by urination; C — griping pains in r. groin; D — griping pain in epigastrium; E — shooting, griping pains extending from umbilicus down pubes, each pain increasing in severity; colicky pain in abdomen, about navel, every hour or two, > by passing flatus; colicky pains in abdomen; colicky pain in hypogastrium [1-2] with slight nausea; B — during breakfast, colicky pain in l. epigastrium, partially relieved by unsatisfactory stools; 1 p. m. a colicky pain distributed all over abdomen, > temporarily by tightened belt, but increasing in severity, although pressure was maintained, lasting 4 hrs., without flatulence, diarrhea, or other symptoms; colicky pain in abdomen accompanied by rumbling of gas; D — colic with nausea; colicky, cramping, sore, aching pains at umbilicus [1-3] and across abdomen below umbilicus [1-4], in lumbar regions, < l., and in r. inguinal regions; E — awakened in night with colic and extreme tympanitis; colicky pain in epigastric and inguinal regions.

Pain. Pain in teeth; slight neuralgic pain in teeth; pain in upper teeth; all day, sudden, fleeting pains (going suddenly) in all the teeth, alveola processes and jaws, < l., < pressure.

Pain in throat on swallowing [1-4]; drinking causes pain in throat [1-3].

Dull pain in stomach and bowels ½ hr. after breakfast, lasting until nearly 9 a. m., when he had three movements of the bowels; sharp, migratory, stitching, momentary pains in stomach [1-4], also in l. side of stomach and liver, shooting to lower part of abdomen; B — pain in stomach [1-4], followed by gagging; D — dull pain in stomach with desire to vomit; E — pains in stomach with soreness and distension.

Burning pain in l. hypochondrium and edge of ninth rib; B — sticking pains and heavy burning pains in hypochondrium, < l.; D — pain in r. hypochondrium; sharp pain in l. hypochondrium; E — pain in l. hypochondrium, dull and drawing.

Dull pain in epigastric region; C — pain in epigastric region; transient, cutting pain through epigastrium, be-

tween sternum and umbilicus, without tenderness; sharp pain in epigastrium and hypogastrium.

C — twisting pain about umbilicus; B — sore, aching pains at umbilicus [1-3] and across abdomen below umbilicus [1-4]; E — shooting, griping pains extending from umbilicus down to pubes, each pain increasing in severity. Pain in abdomen [2-2]; heavy pain in abdomen [1-5] after rising and for a few hours following; dull pain all over abdomen; dull pain in l. side of abdomen; heavy pain in abdomen; awakened last night, some time before 12, by severe, labor-like pains in lower part of abdomen, also sharper pains, more like colic, higher up in abdomen, with passage of flatus, which gave relief; shooting pains, low in abdomen; sharp, migratory pains in r. side of abdomen [1-3], in lower part of abdomen [1-3] and all over abdomen [1-4]; momentary, sharp, darting pain in abdomen; B — during forenoon pain in abdomen [1-3]; pain in abdomen, > by lying down; sharp, flitting pain in r. side of abdomen; C — pain in abdomen and passage of much flatus; much pain and flatus in abdomen; pressure and pain in lower abdomen [1-2]; sharp, darting pains in abdomen, especially from navel to r. groin; D — slight pain in abdomen, > by stool; pain in abdomen and lower bowels with passage of flatus; pains and aching all over abdomen; bending over makes pain in abdomen more severe, wants to bend back or keep body erect; stitching pains in lower part of abdomen, < in cold air and after cold drinks; E — pain and rumbling in abdomen [2-2]; aching pain in lower part of abdomen; much sharp pain in lower part of abdomen, followed by chilliness; pain on slight pressure all over body; distressing pain in abdomen, somewhat > passing flatus; incarcerated flatus which causes pain as it passes sigmoid flexure and rectum; severe, sharp, darting pain in lower part of abdomen proceeding to anus, causing prover to double up for a time on account of its severity.

C — severe pain in ileo-cecal region; pain about ileum, < slight pressure; pain about ileum, running from r. spine, downward and forward, < movement, > sitting quietly, beginning in p. m., sharper in evening; E — sharp pain in iliac fossa.

D — sore, aching pains in r. inguinal region; transient pain in l. inguinal region; 4 p. m. sharp pain in l. inguinal region; pain in r. groin.

Aching. Aching in r. inguinal region; dull ache in lower abdomen, > by stools; aching, with soreness, in epigastric and umbilical regions, < 4 to 8 p. m.; C — after dinner aching in pit of stomach.

Stools Loose. **Color.** Yellow (y)[9-11]; yellowish-brown (yb)[5-19]; brown (b)[5-5]; greenish (g)[3-4]; whitish (creamy) (w)[1]; color not stated (d)[26-47].

Consistency. Watery[14-25] (d[10-15], y[3-5], yb[1-5]). Semi-watery[2-4], (yb[2-4]). Thin[6-4] (g[2-2], y, yb, b, d[1-2]). Consistency of cream[1] (w). Soft[11-12] (d[6-6], y[2-3], yb, b, g). Loose[11-15] (d[8-12], y, b, w). Diarrheic[7-11] (d[5-7], y[1-3], g). Pasty[7-10] (d[2-2], yb[2-5], y, b, g). Mushy[4-4] y, yb, w, d). Slimy[1] (d). Curdled[1] (y). Lumpy[2-2] (d, yb). Mixed[5-5] (balls and soft matter (d); watery with fecal lumps (d); — had formed portion with tendency to crumble but entire mass was loose (b); at first hard and formed, followed by watery substance (d); first part of stool hard and dry, last moist (d).

Character. Painless[11-17] (d[7-11], y[2-4], b, w). Painful[3-3] (d[(b) 2-2], g[(b)]). Small[1] (yb). Large[5-5] (d[4-4], g). Copious[4-6] (d[2-3], yb[1-2], y). Profuse[3-3] (d[3-3]). Non-offensive[1] (d). Offensive[4-5] (g[1-2], y, d, w); of fetid odor[3-4] (d[2-3], yb); cadaverous smelling[1] (d); sour[1] (d). Sudden[1-2] (yb). Urgent[5-7] (yb[4-4] b, d[2-2]). Forcible[2-3] (d[1-2] y).

Accompaniments. Pain. Before stool: much pain preceding stool; preceded by pain over whole abdomen (copious); preceded by abdominal pain (flatulent); coming on suddenly, without urging, preceded by gas and considerable pain, to which immediate relief was afforded (large, watery, diarrheic); preceded by griping pain in bowels[2-3] (yb[1-2], g); preceded by dull, pressing pain in epigastrium (d); preceded by colicky pain in pubic region (d). During stool: awakened with much pain in bowels and much desire for stool > after stool (g); stool accompanied by slight abdominal pain (very large, soft); with abdominal pain[1-2] (flatulent); with pain in abdomen, which continued during p. m., as though preceding another stool (large, soft); accompanying diarrheic stool cramping pains, which went down the spermatic cord into the testicle; accompanied by peculiar pain around stomach (d). After stool: pain relieved by stool[2-2]; pain lasting about an hour afterwards.

Aching. Preceded by aching in abdomen[5-9] (yb[3-6], d[2-3]); preceded by dull ache in lower abdomen[1] (g); by slight aching in lumbar region[1] (d); accompanied by aching in abdomen[3-5] (yb[3-5]); aching in abdomen relieved by stool[3-6] (yb[2-4], d[1-2]); aching in lumbar region, relieved by evacuation[1] (d); aching in rectum[1] (yb); aching in anus during stool[1] (yb).

Soreness. Soreness of anus[2-2] (yb[(a)], d[(a)]); slight excoriation of anus[2-3] (d[(a)]).

Smarting. Smarting of anus during stool [2-3] (yb [1-2], d); smarting of anus after stool [1] (d).

Burning. Burning in rectum during stool [2-2] (d, y).

Straining [3-3]. (yb [(b)], yb [(d)], d [(d)]); after stool a feeling as though she was not through; if she strained a good deal the rectum would protrude.

Rumbling. Rumbling in bowels [1] (d [(d)]).

Peristaltic action. Much peristaltic action in bowels [1-2] (d [(d)]); increased peristaltic action of the bowels [1-3] (d [(a)]).

Flatulence. Much offensive flatus before stool [1] (yb); flatus before stool [2-2] (yb, g); flatulent stool [4-6] (d [3-4], yb [1-2]); flatus during stool [3-4] (d [2-3], y); much flatus during stool [5-7] (d [3-5], y, b).

Nausea. Slight nausea during stool [1] (yb).

Weakness. Felt weak after stool [1] (d).

Time. Night, driven from bed [1] (y); early morning [2-2] (d); on rising [1] (d); after breakfast [2-2] (g, d); forenoon [5-8] (d); before dinner [1] (d); after dinner (lunch) [2-2] (d, y); afternoon [4-5] (d); a. m., three o'clock [1] (g); four [1] (y); five [3-4] (d [1-2], yb, g); six [1] (d); seven [1] (g); seven-thirty [1] (d); eight [3-3] (yb [2-2], d); nine [3-3] (y, yb, d); ten-thirty [1] (d); eleven [1] (yb); eleven-thirty [1] (d); twelve [2-2] noon (d, yb); p. m., one [3-3] (d); two [1] (yb); three [3-3] (yb); four-thirty [1] (yb); seven [2-2] (d); ten [1] (yb); eleven [1] (d).

Stools. **Constipated.** Although naturally constipated, movements have been very regular for past three weeks, while taking drug; no urging or desire for stool — has never been constipated before, but was so throughout proving [the after effect of the proving on the bowels (for three weeks after drug was stopped), was an obstinate constipation. — D.]

Color. Light-colored [1]; white and brown spotted [1]; peculiarly variegated, light-gray color — part light, part almost chocolate color [1]; yellow [1]; yellowish-brown [1]; brown [2]; not specified [9-13].

Consistency. Hard [3-3]; small, hard balls like sheep's dung [1]; lumpy [1]; stool of small, yellow lumps [1] dry [3-3]; pasty [1].

Character. Small [1]; small and hard to pass [1]; small and sluggish [1-2]; scanty [1]; slender [1]; insufficient [1]; large [1-2].

Accompaniments. No inclination [1]; no desire for stool as though intestinal tract was empty or not present at all [1]; oppressed feeling in abdomen, with desire for movement [1-2]; increased peristaltic action in abdomen [1-2]; almost constant, ineffectual desire for stool [1]; urging [1]; straining [3-5]; expelled with difficulty [1]; passed in chunks, with straining, followed by dull aching in anus, < sitting; with soreness of anus [1]; leaving anus sore [1].

Time. Morning [2-2]; at noon [1]; two p. m. [1]

Stools. **Normal with Abnormal Accompaniments.** Urgent; two thin, painless, fecal stools, preceded by unusual urging; morning stool expelled with explosive violence; burning in rectum during and several minutes after stool[1-6]; some burning in rectum and tenesmus; stool followed by straining; uncomfortable feeling after morning stool as if incomplete.

Itching. Itching in anus; B — itching in rectum.

Enlargement. B — enlargement of l. submax. gland without sensitiveness to pressure; increased enlargement of r. submax. gland.

Hemorrhoids. E — hemorrhoids.

Tissue Changes. Small fever-sore on lip near angle of mouth; small papule on inside surface gum r. side, sore to touch; tongue has small, sore spot on r. side; small sores on side of tongue; C — small, papule on frenum of tongue with slight feeling of soreness like canker[1-3]; E — round cankers in mouth, which are quite sensitive.

Sensations. Teeth feel too long; glazed sensation on tongue quite constant and persistent; tongue felt thick and cottony; tongue felt too wide for mouth; D — sensation as though tip of tongue were blistered; C — sensation in pharynx on either side, as though being gagged; sensation as of lump in throat[1-2], as before vomiting; D — sensation of ball, or hard substance, in back of throat, not > by swallowing; at breakfast sensation of knife-blade in throat on r. side; E — sensation of foreign body on swallowing; D — sensation of lump under middle of sternum; peculiar sensation of emptiness in stomach as though it were filled with air, occurring about one hour after eating each meal[1-3]; hungry, gnawing feeling in stomach, disturbing sleep; C — nervous, hurried feeling in region of stomach; D — sensation of emptiness in stomach; empty and gone sensation in stomach; E — peculiar, gone sensation after eating; — D weak and gone feeling in abdomen[1-3]; sensation as if all the intestines were twisted and knotted like a big bunch of angle-worms; E — Feels as if he had been on a "big spree."

Summary of Examinations

(Numbers refer to Provers)

During proving perception for *sweet*. Unchanged[3]; increased slightly[4]; increased[2]; increased markedly[1]; decreased slightly[1]; decreased[1]; during last half of proving perception for sweet lessened[1]; taste for sweet lost (prelim. exam. normal); taste for sweet was abolished, all solutions tasted "like water." (Good in prelim. test.)

Perception for *sour*. Unchanged[4]; increased slightly[3]; increased[4]; increased markedly[1]; decreased slightly[2]; decreased[1].

Perception for *bitter*. Unchanged[7]; increased slightly[2]; decreased slightly[1]; decreased[1].

Tobacco tasted like cork; taste of salt very disagreeable, almost causing vomiting.

["I examined the rectum each time; at the third examination there was considerable congestion about the rectum, especially the lower inch, but there were no other symptoms, and at the fourth examination I found the congestion mostly gone and entirely so at last examination."—Ex. Proving, No. XXVI.]

8. Genito-Urinary System

Urination. **Desire.** Desire to urinate a few moments after taking drug[1-3], with slight amount each time[1-2]; almost continuous desire to urinate; constant desire to urinate; towards morning it was necessary to rise to empty bladder (something unusual); B — great urging to micturition; E — increased desire to urinate; all the morning intense desire to urinate; urging to urinate.

Frequency. Urine passed frequently in small quantities, yellow but clear; frequent passages of large quantities of pale urine; urine passed more frequently; yesterday urinated once only in daytime, but five times during night; B — increased frequency in calls to urinate.

Difficulty. Had to strain and force urine from bladder[1-10]; difficulty in starting urine[1-5]; some difficulty in voiding urine[1-2]; feeling of inability to urinate; urine seemed to be retained; urine expelled with great difficulty[2-2]; voiding urine seems to require a good deal of urging from inertia of bladder; passage of urine necessitates straining; must strain to void urine[2-2]; urine passed with considerable straining; B — urine difficult to start; bladder does not seem to contract (female); bladder seems to have lost its expulsive power; urine starts only after straining[1-2]; C — difficult micturition, but no pain[1-2]; has to stand quite a while before being able to urinate; urine stops after starting, after which it requires much straining to start the stream; D — some difficulty in starting urine; had to strain to pass urine; difficulty in micturition, requiring straining especially towards end of urination; E — bladder seemed full, but must strain to urinate[2-2]; passed urine with difficulty [for the past six days urine passed slowly in small stream, requiring auxiliary abdominal pressure for its expulsion

— the abdominal muscles were brought into play, and the prover rather lifted himself upon his toes when urinating. — Ex.].

Slowness. Urine passed slowly [1-6]; a much slower emptying of the bladder; urine slow in starting [1-2]; urine flows slowly, this slowness remaining throughout proving (female); urine passed slowly, in fine stream, which stops and is soon followed by more [this case was very markedly normal in most everything, therefore the slowness of the urine was especially interesting. — Ex.]; necessity of forcing urine from bladder made urination require twice to three times the normal length of time. Must strain to evacuate bladder, yet in spite of this frequent interruptions; urination frequently interrupted [2-2]; urine flowed intermittently; B — urine flows very slowly, stopping and starting again (female); D — stream interrupted, almost stops then flows again; E — urine passes slowly [1-6]; urine starts, flows and stops slowly; urination slow and interrupted but painless; urine passes slowly, cannot feel it pass.

Size of Stream. Urination in small stream [2-2]; with frequent interruption; urine passed slowly in fine stream, with interruption; urine passed in small stream [1-3], increased in size by pressure with abdominal muscles; D — stream small and interrupted; E — urine passed in small stream [1-6].

Force of Stream. Urine flowed with force and intermittently; very little force during urination; urine flows as from a catheter (female); urine drops down in very small, passive stream; B — urine seems to flow from force of gravity (female); C — urine dropped straight down from penis from lack of expulsive force; urine flows without force, starting and stopping several times during micturition (female); D — slight dribbling after urination; E — urine under poor control, micturition followed by some dribbling [1-2]; urine starts, flows and stops slowly, and sometimes dribbles.

Abnormal Sensations during Urination. Pain in bladder on urinating; urine hot yet not burning; urine caused slight burning sensation along urethra; burning in passing urine [1-2]; burning sensation at meatus when first starting urine; irritation and burning in urethra during micturition and tenesmus afterwards (female); after micturition burning sensation in urethra extending back into bladder; passage of urine accompanied by sensation of constriction in urethra; B — burning after micturition, for about an hour, in prostatic and bladder regions, with increased frequency; tickling in urethra just after

passing urine [1-2]; burning before urinating [1-2] while urinating [1-4] and a short time afterwards [1-2]; E — some burning the whole length of urethra when urinating, accompanied by pain extending up r. groin, the burning continuing for a few minutes after micturating; urging to urinate, with pain extending down to testicle.

Burning. Burning sensation about bladder and uterus; sensation as if bladder were inflamed and too full, this symptom lasting four days and ceasing upon stopping medicine, > in a. m., < noon till retiring; B — burning in urethra [1-6]; D — a feeling of inflammation about pelvis; burning in urethra from base to glands 1 hr. after urination and 15 min. after taking drug, lasting 2 hrs.; E — burning sensation in uterus continually; feeling of inflammation about uterus [1-5] and bladder [1-3] more pronounced than formerly.

Itching. Intense itching of vulva [1-2] (both labia) extending to mons, > by bathing parts in very cold water.

Heaviness. Heaviness in pelvis; sensation of pressure over region of bladder, > by frequent urination [1-2]; C — oppressed feeling in lower abdomen as if menses would surely start [1-2].

Bearing Down. Steady, bearing-down sensation, or pressure [1-2], in lower part of abdomen; bearing-down sensation in abdomen as though menses were coming on, though not due for 15 days (this is an unusual symptom, but the feeling was so strong that preparations were made for the sickness); B — bearing-down pain in abdomen, with sharp, bearing-down pain in uterus as if menses would start; C — bearing-down feeling in ovaries; D — bearing-down sensation [1-2] "as if whole uterus would come out"; bearing-down sensation about uterus and bladder (bearing-down or heavy sensation is not a common symptom).

Distension. D — bladder feels as if distended.

Pain. Stitching pain in r. ovary; sticking pain in r. ovarian region; sharp, momentary pains in r. ovary; sharp pains in r. ovary shooting to region of liver; 1:30 a. m. a sudden, sharp and contractive pain in r. ovary (nodular and slightly enlarged), repeated about 2, 4, and 5:30 p. m. and twice between 6 and 8 p. m.; sharp, shooting pains in r. ovary (normal) just before and during menstruation, not since: sharp pain in r. ovary, other pains in ovary and uterus as usual during menstruation, only peculiar feature is < of pain in r. ovary; sharp, momentary pain in l. ovary; 1 p. m. dragging pain about l. ovary; sharp pain in both ovaries as if menses were going to start; C — pain in ovaries; D — pain in both ovaries.

Sharp, momentary pains in uterus; sharp pain in uterus as if menses would come; B — heavy pain in uterus as if menses would start; C — pain in uterus (and aching in vagina); D — awakened during night by sharp pains in uterus. (See Menstruation.)

Pain in lower abdomen on awaking (during menstruation); D — pain in r. side of abdomen which went through uterus, followed by very profuse flow; sharp pains in lower part of abdomen, with unusually free menstrual flow, < at times of pain.

Pain in l. side of pelvic region, coming and going; cramping pains in region of bladder, < on motion; severe, sharp, darting pain in region of scrotum; dull pain in back [2-2], lower abdomen and upper part of thighs (during menstruation); aching pains in limbs, < at night (during menstruation); violent, cardiac pains and palpitation, accompanying increased sexual desire (female); C — cramping pains which went down spermatic cord into testicle, during diarrheic stool; D — 2 p. m. severe pain in r. groin, lasting 1 hr., with sensitiveness to touch, lasting through following day; E — pain in r. groin on pressure.

Aching. Backache in lumbar region recurs each p. m. about 5 o'clock, lasting until bedtime, and seems like the backache frequently felt before the monthly flow; steady, dull ache through pelvis and down thighs (during menstruation); C — aching in uterus; aching in vagina (with pain in uterus); E — aching in region of kidneys.

Soreness. Felt soreness in pelvic region as though she could not walk [1-2], > from keeping still, on going to bed got relief by lying on stomach on hot-water bag (menstruation, usually no pain); D — feeling of soreness in bladder; soreness and tenderness in r. groin.

Sexual Desire. Sexual desire markedly decreased after taking three doses and so continued during entire proving, with return of desire as soon as drug was discontinued (female) [prover emphasizes this point. —Ex.]; marked absence of usual sexual desire at menstrual period; decreased sexual desire [1-2]; increased sexual desire in evening; increased sexual desire accompanied by violent, cardiac pain and palpitation (female).

Erections. Lessened morning erections; E — erections during night, but no emission.

Emissions. Sleep disturbed at night by amorous dreams with seminal emission [1-4]; B — awakened by emission after erotic dream; C — two emissions during night; E — since the second week has had nocturnal emissions three times per week (before proving once a week),

followed by pain in back and weakness in muscles in back of legs.

Condition of Parts. Scrotum shrivelled and drawn up tight and hard (relaxed at prelim. exam.); B — penis small and relaxed [1-3] (a pretty constant symptom during proving. — D.); C — testicle felt hard and slightly enlarged; E — l. testicle swollen and sore.

Menstruation. **Interval.** Menstruation 3 days before due, something which has never happened before; menses commenced 48 hrs. earlier than usual (usual habit every 28 days and flowing rather moderately); menses appeared 3 days ahead of time (usually very regular and latterly entirely so); menses appeared, anticipating 2½ days (not unusual); C — menses started 4 days too soon (usually entirely regular every 28 days).

Pain. Felt soreness in pelvic region as though she could not walk [1-2], > from keeping still — on going to bed got relief by lying on stomach on hot-water bag (usually no pain); sharp pain in r. ovary, other pains in ovaries and uterus as usual during menstruation, only peculiar feature is aggravation of pain in r. ovary; during menstruation aching pains in limbs, < at night, also sharp, shooting pains in r. ovary (normal) just before and during menses, not since; on waking, pain in lower abdomen; steady, dull ache through pelvis and down thighs (unusual at this time, sometimes noted earlier in period); dull pain in back, lower abdomen and upper part of thighs; experienced more sharp, stitching pains than ever before at time of menstruation (usually no pain whatever); sharp pain in uterus; awoke with much persistent pain in uterus; sharp pain in lower part of abdomen, menses 4 days too soon; pain in r. side of abdomen which went through uterus; severe, sharp pain in uterus < walking [1-2]; sharp pains in lower part of abdomen, with unusually free menstrual flow; pain in uterus with profuse flow [4-4]; on 1st and 2d days of menstruation, after flow began, there was a dull, heavy pain over uterus (unusual to prover), < moving > keeping still, > heat, > lying on abdomen, not severe at any time and passing away entirely after second day; pain over uterine region (unusual) and from back down thighs, dull < motion.

Sensations. All the p. m. a dry feeling in vagina as if it stood open, and the walls were dry and rubbed upon each other in walking; usually has feeling of heaviness and congestion of uterus during menstrual period and consciousness that it occupied a lower position, but during this period these symptoms have been absent, seem to have been entirely relieved by drug but returned somewhat on day after drug was discontinued.

Accompaniments. Menses came on three days early without the usual irritability for 2 days preceding; 4 p. m. great depression without sufficient cause (not usually depressed during flow); wanted to get off by herself and be let alone; marked absence of usual sexual desire at menstrual period; increased perspiration especially on feet when waking; before menstruation, dull aching in lower part of abdomen; during menstruation heavy, weary feeling in legs — lower part of body feels so tired she can hardly walk; menses was attended with more backache than usual, in the sacral region, both preceding and during the flow, but especially at its beginning and there was also more pain than usual in the pelvis, but no ovarian or uterine symptoms were noted; throughout menstrual period, for 4 days, a fluttering in l. ovary (normal) was very pronounced [this symptom is new to her. — D.].

Character. Nothing unusual in flow except, perhaps, a brighter red; menstrual discharge bright red at first, becoming dark red, brown and dark brown at finish with reaction acid at first and neutral last.

Quantity. Menstrual flow moderate [1-4]; menstrual flow more profuse than usual on first day, afterwards less than usual (usually quite profuse for 8 days); sharp pain in uterus with bright red, odorless flow, which was very much freer than usual, "first a pain then a gush of blood"; pain in r. side of abdomen which went through uterus, followed by very profuse flow; sharp pains in lower part of abdomen, with unusually free menstrual flow, increased at times of pain and followed by sensation of weakness; pain in uterus and continued free menstrual flow, < walking; awoke with much pain in uterus and profuse menstrual flow; before rising, pain in uterus, followed by profuse flow; sharp pain in uterus with very free menstrual flow [1-2]; much pain in uterus accompanied by flowing in gushes.

Duration. Menses continued two days longer than usual; menses stopped after 8 full days (flow usually lasting only 4); menstruation lasted about one day longer than usual.

Leucorrhea. Slight leucorrhea < when walking; some leucorrhea; leucorrhea more marked after five days; before menstruation, discharge from vagina of glairy mucus like raw white of egg [1-3] lasting all day (subject to slight leucorrhea only 2 or 3 days before menses); afterwards leucorrhea [1-6] like partially-boiled white of egg, bland and without odor, < from being on feet and walking, afterwards yellow, stiffening the linen [1-4].

Summary of Examinations. **Ovaries.** Slight tenderness of both ovaries [1-3], (began 2d day of menstruation, normal before and afterwards); slight soreness about l. ovary.

Uterus. Some prolapse of uterus; uterus slightly congested and lower than usual; uterus very sore to touch [1-3], < p. m.; cervix seems sore as if ulcerated and hurts at each step when walking (better after 4 days).

Vagina. Slight deepening in hue, no other symptoms; vagina very tender [1-7].

Labia. External genitals of slightly deeper color.

Meatus urinarius (female); normal and unaffected during proving.

Inguinal glands. L. inguinal gland slightly enlarged (normal upon prelim. exam.); there was a very slight enlargement of inguinal glands on each side.

Curative Effects. "Have not felt uncomfortable from cystocele or prolapsus since taking medicine (before had to lie down at least once a day for ½ hr. for last 4½ yrs., since last child was born)." [Retroversion (slight) unchanged, uterus smaller and less heavy than on prelim. exam., os less eroded and smaller, cystocele smaller, rectocele smaller, but 9 days later uterus again heavy, cervix very dark red and congested, os dark red and larger, and cystocele and rectocele darker in color. — Ex.]

9. Urine

Summary of Analyses

(Numbers refer to Provers)

Quantity. Unchanged practically [2].

Variable [1]; first increased, later decreased [1]; increased at end of first week of proving, afterwards decreased [1]; very variable [2].

Increased slightly [1]; increased [9] (one nearly 50 per cent. during greater part of proving); increased markedly [5] (one, during most of proving (34 to 88 oz.) another gradually increased from 500 to 900 cc. and another to 80 oz. in 24 hrs.).

Diminished slightly [1]; diminished [8] (one a half-pint and another about one pint in 24 hrs.); diminished markedly [6] (one 2200 to 1100 cc., another especially toward end of proving, and another almost completely suppressed).

Specific Gravity. Unchanged practically [2].

Increased slightly [2]; increased [9] (one from 1012 to 1030).

Diminished [8] (one in early part of proving; one fell during

greater part of proving, from 1018 to 1009, but returned to 1018, and a third gradually lowered from 1022 to 1013).

Odor. Unchanged practically [6]; offensive [1]; very bad H_2S [1]; a peculiar, indescribable odor was developed [1]; strong, or pungent, throughout [1]; pungent, becoming strong [2]; an odor like onions or garlic occurred several times and was never noticed before by prover [1].

Color. Unchanged practically but became turbid [3]; variable [1].

Lighter in color than usual [1]. Pale straw throughout [1] (amt. <, later >; sp. gr. "practically unchanged").

Changing from yellow to brown [1] (amt. practically unchanged; sp. gr. slightly <).

"Increased" [1] (amt. practically unchanged; sp. gr. <).

Progressively darkened [1] (amt. < nearly 50 per cent.; sp. gr. >).

Progressively deepened during proving [1] (amt. markedly >; sp. gr. <).

Slightly darker [1] (amt. >; sp. gr. <).

Became darker [3] (amt. >).

Became darker [1] (sp. gr. <).

Became darker and browner [1] (amt. < later >; sp. gr. somewhat <).

Reaction. Unchanged [8].

Acid throughout but becoming fainter [2].

Alkaline [1] (became faintly alkaline from acid).

Solids. Total amount. Increased [12] (rose progressively from 47 to 62 gms.; from 61.6 to 91 gms.; steadily < from about 60 to 85 gms.); increased markedly [5] (in two by nearly 50 per cent.).

Decreased [4] (one from 65 to 46 gms.); decreased markedly [1] (first <, then markedly > from 42 to 25 gms.).

Phosphates. Increased slightly [1]; increased [4] (one from 4.5 to 7.5 gms.); increased markedly [1].

Decreased [1].

Earthy. Increased slightly [1]; increased [1]; increased markedly [2] (especially at end of first week of proving).

Decreased [1].

Alkaline. Increased slightly [1]; increased [2]; increased markedly [1] (one more than doubled).

Decreased.

Sulphates. Unchanged practically [2]. Variable [1].

Increased [5] (one steadily < from about 3 to 5 gms. in last 3 analyses); increased markedly [2] (one 2.2 to 7.3 gms.).

Decreased [2] (one .75 to .4 gms.).

Chlorides. Unchanged [1]. Variable [1].

Increased [3] (one about 50 per cent.); increased markedly early in proving, and still somewhat < at end [1].

Decreased [3] (one 1.2 to .7 per cent.); decreased markedly [1] (one < 12 to 19.2 gms. then > to 9 gms.).

Urea. Variable [2].

Increased slightly [2]; increased [8] (one, per cent. practically doubled); increased markedly [1].

Decreased slightly [2]; decreased [2] (one 2.1 to 1.5 per cent); decreased markedly [3] (one first < 15 to 26.88 gms. then > to 8 gms.).

Uric Acid. Increased slightly [1]; increased [6] (one from inappreciable amount to .6 gms., another < nearly threefold); increased markedly [1].

Decreased [6] (one about 50 per cent.); decreased markedly [1] (from 1.22 gms. to inappreciable amount).

Indican. Normal [8]; none [3]; present in trace [1]; faintest trace on one exam. only [1]; increased in last specimen only [1]; faint traces in early days of proving, but none later [1]; none except faint trace on one day [1]; the original violet color changed to a red tint with the test [1]; marked red coloration [1] (purple or pinkish) and one marked violet [1] [the feature in this case was the intensity of coloration with Jaffi's test for indican which only once was the characteristic violet while at other times brilliant reds appeared. — Ex.]; slightly increased [1].

Bilirubin. None [15]. Very faint trace by nitrous acid test on one day only [1].

Albumin. None [11]. Trace in preliminary, none afterwards (no casts) [2]; slight trace in preliminary and throughout (no casts) [2].

Present (none in prelim.) in 7 provers and 21 analyses, as follows: trace once only; faint trace increasing somewhat throughout proving; slight traces in two specimens; traces for 8 days during proving; trace appeared in last three analyses; faint traces appeared towards the last; presence in last specimen marked.

Sugar. None [19].

Ratio of total solids to salts. Unchanged [2].

Increased [3] (one at end of proving, another doubled).

Decreased slightly [1]; decreased [5] (one from 2.4 to 1 to 1.4 to 1).

Ratio of urea to phosphates. Unchanged [1]. Increased [1].

Decreased [5] (one, first <, then slightly >; another, first < and then markedly >; another < slightly and then >; another first < and then > from 3.3 to 1 to 1.6 to 1).

Ratio of urea to uric acid. Increased [7] (one from insufficient to estimate to 30 to 1); increased markedly, throughout proving [1] (from 20.7 to 1 to 62.2 to 1).

Decreased [3] (in one steadily); decreased markedly [4].

Sediment. **Bulk percentage.** Decreased [3].

Gross appearance. Thinner[2]. Urine deposits a brick dust sediment on standing[2]. A small amount of granular material deposited, either amorphous urates or phosphates[1] (too little to identify with certainty).

Microscopic appearance. Varied, from considerable with amorphous urates to very little without urates[1]; a decrease in elements found[3]; elements < over preliminary sample[2].

Bacteria. Increased in last specimen[2]; many bacteria[4]; numerous zoöglœa[2].

Amorphous phosphates. A small amount[3].

Amorphous urates. Disappeared[3].

Crystals. Uric acid[9] (few in number in three provers, one early in proving and none later; one well marked throughout proving except on one exam.; another present in last specimen tested; another present in large quantity).

Triple phosphates. Many[1].

Ammonium-magnesium phosphate[1]. A few[2] (one, 4 exams.).

Oxalates. A few[1].

Calcium oxalate[6] (one, a few only; another, in last two specimens).

Casts. None[7]; mucous[3] (a few only); hyaline (one only); a very few casts appeared, one hyaline, one granular with one or two epithelial cells on it (none prelim.).

Cells. Corpuscles, red[4] (few only).

Leucocytes[2] (on 6 exams. but few only).

Pus cells, many[3], few[3].

Epithelia: squamous[2]; stratified[1]; small[1]; large[3] (in one, a few toward end of proving); small, round, from pelvis of kidney (2 exams.); a few from pelvis of kidney[1]; many from bladder[1]; few from bladder; many flat, squamous from bladder and vagina[1] (2 exams.); many from vagina[1].

Spermatozoa[4] (in one, on 2 occasions).

Mucus. Much increased at two different times[1]; increased[3]; slight mucous cloud[1] (2 exams.).

10. Blood

Summary of Examinations

(Numbers refer to Provers)

Color. Darkened[2].

Consistence. Thickened[1].

Flow. Less rapid[3]; normal at first, slow and sluggish during much of proving, but more rapid than normal at finish[1]; increased[1].

Coagulation. Unchanged[3]; more rapid than usual through greater part of proving[1]; retarded[1].

Hemoglobin (percent.). Increased slightly[2]; increased[4] (one 5 per cent.); increased markedly[1].

Decreased slightly[3] (one 5 per cent.); decreased[5] (one 8 per cent., one 10 per cent., one 12 per cent.); decreased slightly during proving and increased markedly afterwards[1]; individual erythrocytes showed loss of hemoglobin[1].

Red Discs (number per cu. mm.). Increased during proving and greatly decreased afterwards[1]; first increased and then decreased over one-third[1]; increased slightly[2]; increased[4] (one over 20 per cent., two 500,000+); increased markedly[3].

Decreased[3] (one over one-third throughout proving); decreased markedly[3].

Ratio of reds to leucocytes. Increased[1] (from 572 to 1 to 1700 to 1); increased markedly[4] (two about doubled); nearly doubled at first, returning, practically, to original ratio[1]; increased nearly one-third during proving and reduced nearly one-half at termination[1].

Decreased[3]; decreased markedly[3] (one decreased very markedly early in proving and increased only slightly later, remaining much smaller than before the proving — a second decreased from 500 to 1 to 250 to 1).

Leucocytes. Increased[10] (by 2300; by 1000; .49 to .72 per cu. mm. throughout proving; towards end of proving); increased markedly[1] (more than doubled, especially in early part of proving); number first increased, then returned practically to prelim. count[1].

Decreased[2]; decreased markedly[4] (one more than 50 per cent.); decreased nearly one-half during proving and increased nearly one-half at termination[1].

Large mononuclear. Increased markedly[1]; increased very greatly at end of proving[1] (from 2 per cent. to 31 per cent.).

Decreased[2] (one diminished two-thirds at termination of proving).

Lymphocytes. Small: practically unchanged[1].

Increased slightly[1]; increased[2] (6 per cent. and 10 per cent.+); increased markedly[4] (one very greatly increased somewhat early in proving (from 12 per cent. to 42 per cent.) becoming 25 per cent. at end of proving); increased markedly[3].

Decreased slightly[1]; decreased[1]; decreased markedly[1] (55 per cent. to 10 per cent.).

Large: increased somewhat[1]. Transitional: increased[1].

Neutrophil cells: practically unchanged[1]; increased[3] (one

from 31 per cent. to 87 per cent.); decreased slightly[1]; decreased markedly[3].

Eosinophil cells: unchanged[2]; none throughout[1]; increased[1].

"Mast" cells: none[3]; "Mast" cells 3 per cent. toward close of proving but none previously[1].

Pathological forms (myelocytes, "Markzellen," etc.); none[2]; a few normoblasts discovered in one examination[1].

Blood Platelets (or plaques): increased slightly[3] (one 350 to 1 to 250 to 1); slightly deficient in prelim. analysis and very abundant after medication[1].

11. Bones and Muscular System

Pain. Slight pain in r. side of jaw; in back of legs[1-4], on rising, which disappeared about 10 a. m., < on moving; over r. patella.

Pain in back[3-5]; across back[1-2], in a. m.; sleep disturbed on account of pain in back; in small of back[2-2]; in lower part of back; in lumbar region, pains of oppressive character, during night, relieved by cool air from open window; across back and hips, < bending over; in back when walking or carrying anything heavy; under border of last r. rib; under r. scapula[2-3]; pain in shoulder; in r. shoulder[2-2]; in l. shoulder and arm after exercise; in r. arm; in r. wrist; in r. hip when walking; in l. hip and thigh; in legs with sore feeling when not aching; in r. leg[2-2]; down back of thighs, continuing from 4 to 9 p. m.; in l. thigh to knee, < crossing l. over r. knee; in back of l. thigh and calf[2-2]; in knee joints, during a. m. (no tenderness to touch), upon bending knees to sit down, especially when crossing l. over r. knee; pain when putting l. thigh muscles on a stretch; in knees when walking; in l. knee joint on going up and down stairs; in knees < l.; in calves of legs[2-2] on going upstairs; in ankles, < l.; in feet; almost continuous pain in r. foot; last joint of 2d toe, r., very painful when waking in a. m., continuing through day, with pains, later, in all the toes of both feet, < r.

Stiff pain, during a. m., through l. chest, from axilla backward to inferior angle of l. scapula upon turning head, < if toward l., or upon inclining head toward l. shoulder; stiff, muscular pains in neck on moving.

Strong pains flying from l. knee to foot and back again.

Drawing pain in back of neck; in bone of l. hip joint[1-2]; in legs < crossing knees; over r. knee; posterially, extending from above to l. knee[1-2]; in both knees; in l. instep; in l. foot and region of toes.

Rheumatic pains between third and fourth metacarpal bones; in middle and ring finger of l. hand; in knee and ankle, noted on several occasions.

Spasmodic pain in l. lumbar region; cramp-like pain in r. and l. lumbar regions, < upright position and walking, > sitting doubled up; cramp-like pain, coming and going suddenly, in l. hip $^{1-4}$, through the flesh, also head of femur as through the bone marrow; suddenly, on rising, a sharp pain encircling l. ankle $^{1-2}$, like a cramp, lasting 2 or 3 min.

Migratory pains in upper part of back; wandering pains, beginning at l. pectoral muscle, and extending in all directions, but interruptedly; D — wandering pains in l. arm and hand and down the back.

Fugitve pains in shoulder muscles on r. side.

Intermittent, sharp pain in r. chest wall between third and fourth ribs; intermittent pain in r. lumbar region.

Pulsating. Pain in r. arm in distinct pulsation; pulsating pain in second finger of l. hand.

Sharp pains, transient, in chest wall, r. and l. of sternum, between third and fourth ribs; sharp and quite steady pain in r. lumbar region near spine; sharp pain in back and r. shoulder, coming and going quickly; sharp, transient pains in arm, near insertion of deltoid; about metacarpal bones; in l. hip $^{1-2}$; in lower limbs in the joints > by motion; sharp, transient pains about ankles.

Rhythmical pain, sudden and sharp, from l. hip to ankle.

Flitting pains, sudden and sharp, in r. hand; r. wrist; in end of l. thumb; in l. index finger; in l. knee, inside of r. foot; inside of l. foot.

Sticking pain in sole of r. foot while walking.

Shooting, or darting pains, quick, sharp and momentary in l. chest wall under and below scapula; in r. arm extending from biceps to ends of fingers; inside of l. forearm; l. hand $^{2-7}$; r. hand $^{2-6}$; back of r. hand; wrists $^{1-2}$; l. wrist; thumbs of both hands; ball of thumb and thumb; in upper and lower extremities $^{1-2}$; in r. leg $^{2-2}$ extending from hip to ankle; in knees $^{2-2}$; in region of knee; in l. knee; over r. knee; from knee to ankle; in r. shin bone; in ankles $^{1-2}$; r. and l. feet; in r. foot $^{1-4}$; in l. foot $^{1-3}$; in heel outside of l. foot midway between toes and heel; l. foot across instep and toes; in l. instep in bottom of l. foot near middle toe; in l. great toe streaking up to instep, appearing and disappearing suddenly but lasting 15 min.; about toes r. and l.

Twinging pain under l. knee, which made her feel like throwing the knee up; twinges of pain in l. calf and fleshy parts of l. arm all followed by momentary sense of soreness; twinging pains in l. shoulder and hip.

Dull pains, of brief duration, all over body and in limbs through day; dull pains about lower jaw; dull, aching pains under l. scapula; dull pain in back; in small of back extending around l. side of waist; in lumbar region [2-8]; afternoon [1-5], < r.[1-2], < l., constant, dull pain in l. pectoral muscle; dull, tired pain in r. deltoid muscle; dull pain in a spot as big as a dime over acromion process; dull pain in both trapezii and shoulder joints; in r. elbow joint; severe, dull pain in r. hand followed by burning sensation; dull pain in hands [1-2]; in r. hand; in l. hand; in wrists; in thumbs of both hands; in back and upper part of sides (during menstruation); in entire r. leg; in l. leg; in outside of r. leg; near lower end of thigh to knee, which seemed to come in slow waves; about knees [1-2]; in both knees all day; in l. knee; in r. shin bone; in ankles [1-2]; three different times during day, dull pain in r. ankle and foot of such severity that it was necessary to limp for 3 or 4 steps, the pains coming on while walking and located in outside of foot and ankle; dull pain in feet [1-2]; in r. foot [1-2]; in calf and ankle of r. foot; in r. foot, continuing nearly 2 hrs., > chiefly when not moving about; in l. foot; about toes; in toes of l. foot.

Sore pains across shoulder blades; E — in l. shoulder, with tired sensation, coming suddenly and disappearing gradually; at attachment of deltoid on humerus; for about 1 hr. pronounced sore pain in l. hip; sore, aching pain in r. patella, > rest, < walking.

Numb pain in l. pectoral muscle extending down arm, of transient duration, felt upon several occasions and once in r. pectoral muscles; dull, aching numbness in legs; aching pains in legs with numbness, < r. side and on lying down, with desire to draw up legs to > pain and numbness, which did not afford relief.

Aching in malar bone; aching pain in l. upper chest, continued for 22 hrs., < on motion, such as bending over, or taking deep breath, and present during ordinary respiration, though not so severe, the pains somewhat < on going into open air; aching pains in chest and back on breathing or coughing.

Slight backache; tired backache [1-3]; backache [2-13]; back ached all night, < motion, > during day, but again < in evening; aching in middle of back, from side to side, < standing or walking, > when still; in muscles back of scapula, 9 p. m.; over entire back [1-5], < standing; in lumbar region and down legs, > by motion; steady, aching pain in lumbar region, > when in repose (approach of menses but has never had this pain before); dull ach-

ing in sacrum, < sitting; B — aching between shoulder blades; dull aching in l. shoulder, > by motion; terrible backache from lower dorsal region downward [1-2]; backache in lumbar region came on in evening [1-8]; C — upon waking, back began to ache; E — dull ache in back; backache all night, < toward morning; aching in back and muscles of extremities; backache, with weakness and tired feeling in legs; awoke about middle of night with severe backache, in lower part of back, causing restlessness; aching in sacral regions.

Aching in joints [1-2]; in ring finger of r. hand; through tendon of knee joint; in calves of legs, < r.; aching pain in ankle, > rest, < walking; legs ache as if she had walked miles; D — aching in knees and ankles; E — aching and sore feeling in legs; legs ache, with feeling of weakness; B — aching all over, < in back; D — dull, aching and sore feeling all over body.

Stiffness. Muscles at back of neck stiff and sore; B — stiff neck on rising [1-2], pains run up and down, soon disappearing; D — muscles of back of neck stiff and sore; E — stiff neck on waking.

Rheumatic stiffness in anterior aspect of thigh, in extensor muscles, felt most on walking, < 3 p. m., > evening, felt especially on beginning to move.

Knees stiff and sore [1-2]; knees so stiff and lame could hardly walk, but > on motion; all day knees feel as if they needed oiling [1-2].

During p. m. and evening stiffness [1-2] and aching in every joint; feels stiff in joint; C — stiffness and aching in all larger joints, < on rising after sitting awhile [1-2]; on waking limbs seemed tired and stiff in joints; D — muscles of shoulder and l. arm stiff and sore; hands feel stiff and clumsy; E — hands feel dry and stiff; hands and fingers stiff; E — stiffness in back and extremities; muscles feel sore [1-2] and stiff.

Restlessness. Feels restless, heavy and tired [1-14]; prover restless, constantly changing position; uneasy feeling in r. lumbar region from 4 to 8 p. m.; lower limbs restless, wants to keep them moving [1-2]; C — during delirium hands were in constant motion; E — restless in night, could not find easy position; in p. m. and evening a peculiar nervousness appeared, referred particularly to legs and feet, to relieve which he kept constantly walking and became so restless he could not sit still for 2 min.

Lassitude. General feeling of lassitude; feels quiet and does not want to move; C — no desire to do anything which requires exertion; D — no inclination to move; E — feels

like lying down continually; aversion to labor and even to moving.

Fatigue. Tires very quickly; feels tired [1-14]; feels very tired [2-2]; lower half of body feels so tired she can hardly walk; legs are tired; much exhausted from walking a short distance; B — feels tired all day [1-5], worn out, and good-for-nothing; weary, tired feeling all the p. m.; C — great muscular fatigue; fatigue and faintness after slight exertion; very much fatigued all the time; on waking limbs feel very tired; l. leg tired; D — general tired feeling [1-3]; tired and weak all over [1-2]; feels exhausted [1-2]; went to bed early feeling "all worn out."

Jerking and Twitching. Sleep disturbed by jerking; sleep disturbed by twitchings in various parts; awakened frequently from sleep by jumping; E — convulsive jerking of entire body on attempting to go to sleep, continued all through night.

Twitching in muscles of arms and legs; under r. knee; B — in muscles of r. arm; in muscles of l. arm all day [1-2]; C — slight, fibrillary twitching in l. thigh; E — formication and jerking of legs, one at a time; after sitting awhile the legs twitch.

Jerking of individual muscles all over body and in limbs, continuing through day; B — twitching and jerking of individual muscles, especially in leg [1-12], < when mind was occupied, beginning in a. m. and continuing through day; choreic jerkings, < evenings and while listening attentively; D — muscles fatigued from continuous jerking; muscular jerking especially increased when the least excited and continuing during night.

Heaviness. Heavy feeling in legs; feels heavy [1-14]; B — heaviness of feet and legs while sitting; C — r. leg feels heavy; l. leg heavy [1-8]; l. leg heavy and felt as if swollen [the l. leg was heavy for a long time afterward. — D.]; E — great heaviness in back, legs, and thighs as if he had walked a great distance.

Weakness. General sensation of weakness; general weakness, especially in hands; weakness [4-5]; weakness of muscles, especially of legs; C — very weak feeling all day [1-3]; feels so weak can scarcely walk; E — complains of great weakness; upon least exertion, profuse perspiration and weakness which obliges him to desist; very weak and tired; general weakness of body; does not seem to have any strength.

Feels weak in legs; upon rising from sitting or lying posture legs seem weak as though they would not hold up the body, but this sensation soon passes off; B — weak feeling in legs; great weakness of legs; C — loss of

power in l. leg and l. arm ; l. leg has not as much power as usual; 2 p. m., while standing, suddenly felt queer as if about to fall from weakness, an all gone feeling in l. side, and, on trying to walk, found l. leg dragged because too heavy and from loss of power — this feeling wearing off after an hour, only little touches of it remaining during evening, but a similar group of symptoms developed two days later, lasting about an hour and leaving l. leg and l. arm rather weak ; D — feeling of weakness in lower extremities ; E — feeling of weakness in legs, with aching; weakness and tired feeling in legs; legs and small of back feel too weak to support body; great weakness in legs $^{3-4}$, < on going upstairs.

All day knees feel weak ; B — knees feel weak, can hardly get around ; E — weakness in knees, after standing awhile ; weakness back of knees.

C — things fall out of her hand, which have no power.

D — feeling of weakness in hands and arms.

E — muscles of jaw weak and sore.

Trembling. Sensation of trembling ; C — trembling all down l. side; marked trembling in limbs $^{2-3}$; legs weak and tremble, especially when going upstairs.

Trembling of hands $^{4-4}$; C — tremor of hands.

Uncertainty in Walking. Clumsiness and feeling of uncertainty in walking and in sitting down ; felt very dull and as if about to fall [in walking is liable to bump against furniture, not from vertigo, but rather from an inert condition. — Ex.].

D — cannot tell whether standing straight or not; feels somewhat weak and unsteady.

Stumbling and falling to the l. ; staggers upon walking ; has a tendency to stagger to the r. ; B — step a little unsteady ; limbs do not readily respond in action ; cannot take long steps ; cannot walk fast, seems like a motor paralysis.

In walking, knees feel shaky ; C — knees would give out with a jerk in walking, < l. $^{1-2}$.

Numbness. Dull, aching numbness in legs.

Soreness. Free border of ribs, sore to touch for 2 or 3. in. on each side of median line, disappearing towards night ; D — muscles of back sore to touch and on moving, especially in cervical region ; sore feeling with dull aching all over body ; sore feeling in legs when not aching ; E — sore feeling in legs with aching; muscles of jaw weak and sore $^{1-2}$; muscles feel sore $^{1-2}$.

Tenderness. Feet tender ; joints of large toe red and painful, cannot bear pressure of shoe ; B — both knees sensitive while on stairs.

Swelling. Swelling commenced in r. and l. popliteal spaces, but nearly disappeared by evening; feet swollen towards night [1-2]; B — in morning l. foot so swollen she had to wear an old shoe; C — ankles swollen at night.

Contraction. Sensation of contraction beginning in l. pectoral muscle and extending to mastoid, and then down l. arm, continuing through day; B — cramps in l. hip, causing her to hesitate in walking, continuing through day; E — spasmodic contractions in all parts of body, lasting nearly an hour.

Relaxation. Sensation of relaxation of muscular and vascular systems, < p. m.

B — Awkwardness. Awkward feeling in legs and arms, which are not entirely under the control of the will; arms are awkward, cannot hold packages in hands without their slipping down; C — things fall out of their hands, which have no power; D — hands feel clumsy.

C — Lameness, with dull pain in wrist and elbow joints.

E — Bruised Feeling in ankles when walking; in legs, < r., with aching and weakness.

Summary of Examinations

(By Physiological Examiners.)

Developed marked cramps at outset of initial fatigue which fully subsided on "recovery" of muscle and remained absent during balance of test.

A few cramps appeared in tests for muscular fatigue.

Onset of primary fatigue was more abrupt, otherwise no change.

Greater sense of muscular fatigue at physiological test.

Muscular fatigue greater after test on one day.

Endurance in test for muscular fatigue was increased.

12. Skin

Dryness. Skin dry [3-3]; skin very dry, with heat and redness [1-10]; skin dry and leathery; skin on forehead dry and hard like leather; skin of face feels dry [2-5]; skin of hands and body dry and harsh; hands feel dry [2-2]; palms of hands very dry [3-9]; B — finger-ends dry, with heat and roughness [1-2]; C — hands dry and parched; D — lips dry [1-5]; E — hands, especially palms, feel dry and hot; skin on hands exceedingly dry; skin dry, red, and scaly; skin of face, forearms, and hands quite red and very dry.

Roughness. Skin rough; palms of hands rough, with dryness; skin of hands and body harsh, with dryness; skin of face scaly; B — finger-ends rough [1-2] and feel as if about to

crack with dryness and heat; C — hands rough [2-2]; D — lips cracked; E — skin feels as if chapped; skin feels harsh to hand as it passes over it; skin on hand exceedingly dry and horny; skin scaly.

Smoothness. Fingers felt "as if covered with dry, egg-albumin," and were as smooth as ivory; dropped fountain pen because fingers were so dry and smooth it slipped from them when he took it out of his pocket; E — skin on fingers feels and looks glossy.

Heat. Skin hot, dry, and red [1-10]; sensation of burning heat all over body [2-2]; sensation of heat in hands [1-2], which felt hot to others; hot, burning face [1-2] in p. m. and in evening; heat in face, as if riding in wind, with burning and smarting, especially on eyelids; D — face hot and red [1-2]; E — burning sensation in skin after rubbing hands; after taking each dose has burning on ulna surface of forearms, and burning and redness of skin on back of hands; lips burning; hands very hot [2-2]; face hot and burning; surface of body and hands felt abnormally warm, even to touch of others; heat of skin caused restless sleep.

Redness. Skin red, with heat and dryness [1-10]; face flushed [4-6]; hands red [2-2]; skin on back of both hands grew red [2-2], with constant desire to rub; E — skin red and scaly; even palms of hands are red.

Moisture. Hands feel moist, after dryness; slight, warm perspiration upon covered parts of skin; B — profuse perspiration on waking and seemed to feel better in consequence; C — increased perspiration on head; hands very moist; E — no perspiration, not even under the arms.

Itching. Itching, "as if something were biting," on scalp [1-2], r. side of face, all over face [1-2], back of ears [1-2], on back [1-3], l. shoulder [1-2], abdomen [1-9], r. leg [1-2], legs [1-7], knees, bottom of r. foot, over whole body [1-6], but no eruption apparent (never subject to itching of skin, but the foregoing symptoms were extended over a period of 14 days); commencing in night, an intense itching [1-2], with burning, all over body, < legs and arms, < cold water, < a. m.; itching on calf of l. leg; sensation on waking at night as though something were crawling over back and in the hair, got up to examine, but could find nothing [1-2]; B — small spots on neck and shoulders, which itch violently; feel as though a fly were crawling on the arms, especially in bend of elbows; C — a petechial rash on chest with slight itching [1-3]; slight rash on arms and l. chest, which itched; itching of skin on neck; itching and tingling all over body; D — itching of face; E — itching of skin all over.

Mottling. 2:30 p. m., on waking from a nap, a blotchy redness of face, first appearing and < on l. malar bone, with subjective and objective heat (hot day), remaining about 1½ hrs., with itching, stinging, and roughness on l. cheek; the same blotchy redness of face appearing ½ hr. after evening dose, lasting about an hour; E — about 2 p. m., face red, hot, and blotchy on both sides (although hot weather this redness is unusual; since taking drug more color in face than natural); face mottled in appearance, as though jaundiced, on temples and forehead, and elsewhere red places, and dull, purplish spots.

C — Sensitiveness. Abnormally sensitive to drafts[1-2] and cold air.

E — Coldness. To the touch the hands were cold, rough, and lacked moisture; skin on hands exceedingly dry, horny, and cold; during chilliness, fingers looked shrivelled and nails blue.

Numbness. Cutaneous nerves, near palmar surface of fingers, were numb, with peculiar tingling feeling on rubbing hands together to relieve numbness.

Scalp. Hair seems to fall out more than it did, and there is more dandruff; apparently less dandruff.

Eruptions. Pimples developed on forehead; a pimple appeared on forehead, became pustular and required to be cauterized; a pimple, with much circumscribed tenderness, developed on r. frontal eminence; pimples appeared on face; small, sore pimple on r. upper eyelid; pimple on edge of lower eyelid.

Pustules on back of l. third finger and large, pinhead-sized pustule on second phalanx.

Furuncle. Small boil over inner angle of l. scapula.

Herpes. On l. upper lip a fever-sore rapidly developed, with subsequent itching; small cold sore on upper lid; small fever-sore on lower lip, near angle of mouth.

Miscellaneous. A bright red eruption on thighs and lower part of abdomen, inclined to be pustular; a fine, scarlet-like rash appeared upon cheeks, which were redder than usual; slight eruption on face; slight rash on middle of chest, < getting warm; an eruption under r. lower jaw[1-3]; on going to bed, vesicular eruption found on flexor surfaces; in a. m. a fine, papular rash appeared on forehead and cheeks, in groups, with soreness to touch, without itching or burning, a few turning to minute vesicles, < on forehead, gradually passing away during day; C — a red, bean-sized, macular spot appeared at end of nose, l. side, with soreness and slight pain and swelling; a petechial rash, becoming fine pustules, on chest, back, outside of and under thighs, with slight itching, continuing on

chest 3 days; on waking, found slight rash on anterior surface of arms and on l. chest, which itched and resembled scarlet-rash, but was not rough on passing hand over surface, except where it had been scratched; in which places it was slightly rough and tiny, bright red, ecchymotic spots — size of pin-points — appeared where it was rubbed most, the rash disappearing in a short time after moving about in cool air, but a few of the ecchymotic spots remaining and present next morning on one shoulder, appearing as tiny, brown speckles; E — erythema on back of both hands, of 12 hrs. duration; a macular, papular eruption, similar to flee-bites, much < after cold bath; half a dozen scratched, fine papules upper part l. calf, similar condition on r., same ankles, one lesion on l. wrist.

Summary of Examinations

On 7th day of medication, pimples on forehead, face, and scalp, which felt sore, without itching, and persisted for 10 days.

A papular eruption developed over upper part of sternum, fading after 4 days; eruption papular, dark-reddish color, discrete and varying in size from small to large shot, with itching, < scratching, < getting warm, but no stinging or burning (prover claims he never had an eruption resembling this before).

Dryness of skin over entire body continuing for 10 days but rapidly subsiding on discontinuing drug; exercise and all muscular movements, with hot drinks, failed to eliminate the slightest perspiration; skin felt rather leathery and the lines of cleavage were especially prominent.

Appearance of fingers and skin as if poisoned by ivy, with itching; this itching continued on face and hands and, on 3d day, extended all over body as if from wearing new flannels; on retiring, a rash was discovered on stomach and back which itched and burned; on 4th day, the itching remained, particularly on face and hands, the rash disappearing in the morning, but again found on retiring.

After 2 days of burning and itching on chest and back, there was noted on l. side of chest, from middle of sternum to middle third of clavicle (4 x 8 in.), a patch of hyperemic skin, dry, rough, and scaly, which might possibly be due to previous conditions, with similar patch on back between scapulæ; general < of pre-existing skin conditions; acne pap. more pronounced, also scaling of

ichthyotic skin, etc.; scalp apparently unaffected; papules and scattered pustules on arms; small, scattered, hyperemic patches on forearm; scratching over body, legs, and arms with pen-handle, where the skin looks normal, leaves an intense red line, with no elevation but a sense of warmth; itching is intense, which light friction <, but hard friction > if severe enough to lacerate hypodermis. [To sum up, a general aggravation of pre-existing skin lesions (icthyosis and keratosis pilaris), with a general hyperemia, more aggravated where there is most pressure. — Ex.]

A macular and vesicular eruption appeared upon face, the macules bright yellow, size of pea, mostly on r. side, and disappeared after 2 days; 3 macules appeared on back, similar to those on face; the papules came and disappeared soon, a few becoming pustular, were very small, of pinhead size, red only on papule proper with no areola around them and, as to location, were well distributed; upon the back small papules appeared corresponding to those on face. [No subjective symptoms as to itching, stinging, burning, etc., were mentioned. — Ex.]

13. Tissue Changes

Pimples developed on forehead.

A pimple appeared on forehead, became pustular and required to be cauterized.

A pimple, with much circumscribed tenderness, developed on r. frontal eminence.

Pimples appeared on the face.

Small, sore pimple on r. upper eyelid.

Pimple on edge of lower eyelid.

Papules. Small papule on inner surface of gum, r. side, sore to touch. Small, soft papule on frenum of tongue, with slight feeling of soreness, like canker.

Pustules. Pustule on external canthus of l. eye.

Inflamed, tender pustule just within l. anterior naris, on ala, with redness to tip of nose, the nose feeling sore and itching, with dryness high up within.

Pustules on back of l. 3d finger and large pinhead-size pustule on 2d phalanx.

Sty. Sty on r. upper lid.

Furuncles. Much soreness in l. nostril, feels like a boil.

Small boil over inner angle of l. scapula.

Ulcers. Small ulcers on each side of nasal septum.

Round cankers in mouth, which are quite sensitive.

Inflammation. Small, red, bean-sized macular spot ap-

peared at end of nose, l. side, with soreness, slight pain and swelling.

Alæ of nose red and sore.

Herpes. On l. upper lip a fever-sore rapidly developed, with subsequent itching.

Small cold-sore on upper lip.

Small fever-sore on lower lip, near angle of mouth.

Glands. Glands slightly swollen under angle of jaw.

Enlargement of submaxillary glands.

Swelling of both sides of neck below angles of jaw, with swelling and hardness of submaxillary glands, not tender upon pressure, with increased salivary secretion but without apparent involvement of either parotid or sublingual glands; later, sides of neck swollen until even with cheeks.

14. General Systemic Conditions

Heaviness. Feels heavy[1-2] and logy[2-4]; heavy feeling all over body[1-4], accompanied by chilliness and tired sensation.

Dullness. Felt "very, very dull"; feels very dull, < 11 a. m. to 2 p. m.; dull[2-2], with disposition to remain quiet; stupid[3-5], all day, with drowsiness and indisposition to move.

Indolence. Disinclination to move, with weakness; wants to lie down; general feeling of lassitude[2-2]; all duties seem to require great effort; all work seems troublesome; aversion to labor and even to moving; no desire to do anything that requires exertion; disinclination to either mental or physical exertion; feels listless, sleepy and disinclined to any exertion; indolent[1-2]; wants to lie down and be still; feels quiet and does not want to move.

Drowsiness. Drowsiness[9-18] all day, feels like lying down and going to sleep; very drowsy, but unable to sleep.

Sleep. Feels very sleepy[10-19], could hardly keep eyes open; sleepy during daytime since taking drug; all day inclined to be sleepy; 8 a. m. overpowered by sleep, and went to bed for a nap of 2 or 3 hrs.; slept a great deal during day but does not feel rested; went to sleep in daytime more easily than usual; wants to rest and sleep; sleepy feeling, with disposition to remain quiet; abnormally sleepy all day[1-4] and dopy[1-2]; went to sleep twice in church; sleepy after dinner; was sleepy all the afternoon; was kept awake with difficulty from 2 to 5 p. m.; drops asleep immediately on lying down; sleeps too soundly and awakes unrefreshed; sleep heavy.

Sleep disturbed[4-5], more difficult to get to sleep and wakes

oftener during night; sleep disturbed, hence awoke unrefreshed; sleep in latter part of night disturbed (by dreams and restlessness); sleep disturbed by twitching and jerking [4-4]; short, restless naps, from 10 a. m. to 2 p. m.; troubled sleep in p. m.; difficult to get to sleep at night; lay awake much at night [2-2]; restless sleep [6-9]; restless at night, could not find an easy position; sleep restless and feels tired; troubled, restless sleep, awaking at 4 a. m. [2-3]; sleep extremely restless; little or no sleep and much restlessness until 6 a. m.; poor sleep [1-2] and restlessness in latter part of night; for 3 nights, 5 hrs. restless, instead of 8 hrs. sound sleep, as customary; sleep poor towards morning, very restless 2 hrs. before rising; sleep much broken [3-5]; slept badly [1-6]; slept poorly [2-2]; poor sleep before midnight; sleepless after 4 a. m.; unrefreshing sleep; sleepy on waking; sleep much broken; nervous and restless in night [1-3], waking several times (uncommon); retired early "but could not sleep all night long"; (has not had a good night's rest since taking drug); sleepless from heavy and uneasy sensation all over body; awoke about 3 a. m. after only 3 hrs. sleep; awakened at 4:30 a. m., after only 4 hrs. sleep.

Fatigue. Feels tired [7-19]; feels very tired [2-12], as if he could get no rest anywhere; feels very tired, and as though she had been over-worked; so tired could hardly stand; tired, worn feeling; tires very quickly; general tired feeling [1-3]; very much fatigued all the time; fatigue and faintness after slight exertion; awoke tired [2-12]; after good night's sleep very tired and felt like returning to bed; feels tired all day [1-5], worn out and good-for-nothing; tired and sleepy feeling in p. m., with difficulty in keeping awake; went to bed early, feeling all worn out; weary.

Weakness. Feels weak [6-7] all over and unsteady; great weakness [4-7]; very weak feeling all day [1-3]; general weakness of the body [7-8], < in hands, < in legs; exhausted [3-4]; does not have any strength, and feels like lying down continually; had to lie down and rest from great weakness; faint, weak, gone feeling; weak sensation felt all over, similar to that once felt when tonsilitis was developing; prostration [1-3]; sensation of trembling; sensation of relaxation of muscular and vascular systems, < p. m.

Pulsation. Pulsating over entire body, standing or sitting [1-2].

"Toughness." Feels "tough"; feels as if he had been on a "big spree"; a heavy, "drunk" feeling all over body [1-2], as if she could not hold herself up.

General Malaise. Miserable, indescribable, sick feeling all

over; felt "miserable"; general malaise; general sick feeling over entire body [2-3]; feels sick, as if from some impending illness; feels on the verge of a nervous illness.

Irritability. Irritable [2-2]; general irritability [1-3]; more easily irritated than usual.

Restlessness. Restless [2-6]; restlessness [1-2], < towards night, > by constant walking; restless and turning all night [2-6]; restlessness, constantly changing position; restless after 4 a. m., general uneasiness; restless during night.

Nervousness. Felt nervous [3-3]; very nervous [4-5]; exceedingly nervous; nervous during night; general feeling of nervousness [2-7], with sensation of trembling; nervous, found it difficult to sit still while studying.

Sensitiveness. Abnormally sensitive to drafts [1-2] and cold air; oversensitive to cold and wind.

Chilliness. Chilliness [3-4], becoming obstinate [1-2]; chilliness all day, off and on; chilly feeling all over body; chills in, "little whirls" all over; constant feeling of chilliness [1-2]; air seems to chill her, although not very cold; chills toward bedtime; felt chilly in the evening [1-2]; chills up and down back, from 3 p. m. until night, followed by flushed feeling at bedtime; chills running up and down spine all day; nervous chill running up spine [1-4] 3 days in succession; desire to lie down with plenty of covering [1-3], although night was warm; sensation of chilliness [1-4] much of the time; chilly sensation all over body beginning and < in upper part; likes to be warm all of the time (not subject to sensation of chilliness); on rising, chilly sensation all over body; chilliness and shivering sensation, with feverishness.

Feverishness. Felt heat over entire body [2-2]; burning heat all over body; violent heat over entire body, although it felt cool to touch (pulse 116); sense of heat all day, although weather was somewhat cool; feverishness, with chilliness, and shivering sensation; felt feverish, with tendency to perspire [1-2] with temp. in a. m. 97.6 and at 5:30 p. m. 97.8; felt feverish all over; sensation of "inward fever"; temp. rose to 99.1; to 99.2; to 99.3; to 99.7; to 100.

Perspiration. Slight perspiration every night; profuse perspiration on waking, and seemed to feel better in consequence; least exercise causes profuse perspiration, which obliges him to desist; slight, warm perspiration on covered parts; profuse perspiration, over entire body, with feeling of great internal heat (pulse 112).

Body Weight. Weight of prover unchanged during proving; during proving of 18 days gained $1\frac{3}{4}$ lbs. in first 15

days, then lost 2 lbs. in last 3 days; lost 2 lbs. in weight during proving; lost 3 lbs. in weight during proving; lost 4 lbs. during proving.

[ALL SYMPTOMS DEVELOPED DURING THE PROVING APPEAR IN THE FOREGOING FOURTEEN DIVISIONS. THE THREE WHICH FOLLOW PRESENT ANALYSES AND OTHER GROUPINGS OF THESE SAME SYMPTOMS, FROM DIFFERENT POINTS OF VIEW, FOR THE PURPOSE OF STUDY AND REFERENCE.]

15. Regional Conditions

Outer Head. Sensation as though something were crawling on her head; itching on head as though something were biting; itching of scalp.

Hair seems to fall out more than it did, and there is more dandruff.

Perspiration on head [1-2].

Sensation of tight band around head.

Sensation of pain around head.

Sides of Head. Pain in r. side of head [2-9]; pain in r. side of head above temple, spreading like network over top of head; momentary, dull pains, especially about r. side of head [1-2]; heavy, aching pain in r. side of head; sharp pain in r. side of head [1-5].

Momentary, dull pains, especially on l. side of head.

Around Ears. Itching back of ears [1-2].

Pain in front of r. ear; pain back of r. ear, in five distinct darts, with dull pain between them, ceasing suddenly; neuralgic pain under r. ear.

Pain back of l. ear; sharp, sudden pain shot forward directly over l. ear into temple.

Occiput. Migratory pains in occiput; sharp, momentary stitching pains in back of head [1-8]; sharp, migratory pains in occiput [1-8]; pain in occiput just below basilar process; momentary, sharp pain in l. occiput, coming, over to l. eye; peculiar, aching pain passing from l. eye up over head and down in streaks to back of head, on l. side, just below occiput, resting there like a ball, with streak extending on down the neck — the pain throbbing a few times then becoming dull, coming on quickly and passing gradually away.

Face. Face has besotted expression [2-2].

Face mottled in appearance, as though jaundiced, on temples and forehead, elsewhere red places and dull purple spots; in p. m., face red, hot and blotchy on both sides; in p. m, after nap, face flushed and blotchy, < l. malar bone, with heat.

Stooping down makes face and head feel as though they would burst from pressure of blood.

Face cold and felt as if growing white, but looked red and was objectively hot.

Face felt hot; hot, burning face [1-2]; heat in face, as after riding in the wind, with burning and smarting [1-2].

Face red [2-2] < p. m.; face red from rush of blood [1-2]; since taking drug, more color in the face than natural; face flushed [7-8]; face flushed but not forehead; face looks flushed and pinkish; congested appearance of face [2-2].

Face pallid, and people remarked upon his sick appearance; face had sick expression; looks pale and worried.

Skin of face feels dry [4-4] and scaly.

Itching of face.

Slight eruption on face; pimples on face.

Forehead. During day, pains in upper part of forehead, dull in character, going from r. to l. and vice versa; extremely severe pain in forehead, sharp, but of short duration; pain in r. forehead.

Pimples on forehead; papular rash on forehead; a pimple with much circumscribed tenderness on r. frontal eminence; pimple appeared on forehead, became pustular and required to be cauterized.

Temples. Temples sensitive to touch; throbbing in temples with sensitiveness to pressure; temples sensitive to pressure.

Pain above r. temple; pain in r. temple [2-2]; sharp pain in r. temple going to back of head.

Sharp, twinging pain in l. temporal region [3-5]; sharp pain in l. temple into and through l. eyeball [1-6]; sudden, sharp pain in l. temple, recurring through entire day, < p. m., making l. eye water, burn, and smart.

Around Eyes. Eyes sunken, with dark rings beneath them; puffiness of upper lids on rising; drooping of eyelids.

Dull pain at point just above r. eyebrow; dull pain through eyebrows; a momentary, dull heavy pain under both eyebrows, between temples, accompanied by sensation as if something opened and shut; momentary pain under r. eyebrow in region of superior oblique muscle.

Sharp pain over eyes; sharp pain under l. eyebrow shooting backward; sharp, momentary pain in r. eye and over l. eye [1-2]; sharp, stitching pains in upper eyelids; pain in eyeballs shooting back into cranium.

Aching in middle third of face, including eyeballs [1-4].

Small, sore pimple on r. upper eyelid; pimple on edge of lower eyelid; sty on r. upper lid; pustules on outer canthus of l. eye.

Sides of Face. Cheeks flushed; l. cheek and ear red and burning.

Itching r. side of face [1-2]; itching, stinging, and roughness on l. cheek.

Dull pain in region of r. cheek-bone; dull pain in r. side of face.

Dull pain in l. side of face; severe, slow, steady pain in l. side of face, beginning just below ear, back of jaw, involving lower jaw only, extending through jaw to first molar tooth (which is decayed, tender and has ached before) — this came on first at night, but much < by cold air next day (temp. 7°., with snow), becoming very severe, the pains being dull and lasting rather than sharp and intermittent.

Sharp, stitching pains in r. face [1-3]; sharp, migratory pains in r. face.

Aching in malar bone; aching pain in r. side of face.

Nose. Alæ of nose red and sore; tip of nose red and sore; small, red, sore, macular spot on end of nose, l. side.

Lower Face. Sharp pains in lower part of face.

Lips. Lips dry [9-16], sore and cracked [2-2] as if chapped; lips very dry [3-4]; lips dry [1-2] and parched; lips dry and parched as if about to crack or chap; lips dry and rough [2-3]; lips parched and agglutinated by viscid saliva; lips sticky as if covered with mucus.

Cold-sore on upper lip; on l. upper lip fever-sore developed rapidly; small fever-sore on upper lip near angle of mouth.

Dull pains about lower lip.

Sharp pain about lower lip.

Jaws. Slight pain on r. side of jaw; pain in r. jaw.

Dull pain in l. jaw; sudden, dull pain in l. side of face, especially in l. lower jaw, recurring at intervals during day in jaw, covering small space only, not severe, but quite uncomfortable; dull pains about lower jaw; dull pain in region of lower jaw, r.; severe pain in lower jaw, r. side.

All day, sudden, shooting pains going (suddenly) in all the teeth, alveola processes and jaws, < l., < pressure.

Aching in r. jaw.

Glands slightly swollen under angle of jaw; enlargement of submaxillary glands; swollen glands under angle of jaw.

Epigastrium and Stomach. Pain in epigastric region; pain in stomach.

Dull pain in epigastric region; 4 p. m. dull, pressing pain in epigastrium, followed in 10 min. by diarrheic stool, the

pain lasting 1 hr. afterwards; dull pain in stomach [2-2]; dull pain in stomach and bowels followed by loose stool.

Peculiar pain around stomach, following loose stool, after straining, with much flatus.

Distress at stomach; discomfort in stomach.

Soreness and aching in epigastric region, < 4 to 8 p.m.; after dinner, aching in stomach.

Sharp pain in epigastrium [2-2]; transient, cutting pain through epigastrium, between sternum and umbilicus, without tenderness; sharp, migratory pains in stomach [1-5]; sharp, stitching pains in stomach [1-4]; in l. side of stomach.

Colicky pains in epigastrium [1-2]; during breakfast, colicky pain in epigastrium, partially relieved by unsatisfactory stool; cramp-like pain in epigastric region; griping pain in epigastrium.

Weight in epigastrium [1-2]; heaviness in pit of stomach which felt > from throwing shoulders forward; feeling of great load in stomach; heavy feeling in stomach; stomach heavy with a disturbed sensation.

Stomach sensitive, cannot bear clothes tight.

At times feeling of heat in stomach, with great nausea.

For an hour after waking, feeling of soreness at pit of stomach; discomfort in pit of stomach.

Bloating in stomach; stomach feels distended and sore; bloated feeling in stomach after eating; gas forms in stomach > eructations.

Qualmishness in stomach.

Hungry, gnawing feeling in stomach.

Sensation of emptiness in stomach; empty, gone sensation in stomach; sensation as though stomach were filled with air; peculiar sensation of emptiness in stomach 1 hr. after eating; empty sensation in stomach 1 hr. after lunch; empty sensation in stomach after each meal.

Hypochondria. Pain in r. hypochondrium; pain in r. hypochondrium and edge of ninth rib; pain in l. hypochondrium.

Stitching pains and heavy, burning sensation in hypochondria, < l.; burning pain in l. hypochondrium and edge of ninth rib.

Sharp pain in l. hypochondrium; sharp, momentary pain in liver [1-4]; sharp, stitching pains in liver; in liver, shooting to lower part of abdomen.

Free border of ribs sore to touch for 2 or 3 inches on each side of median line.

Soreness in region of upper border of liver.

Abdomen. Itching on abdomen [1-8]; itching as if something were biting all over abdomen [1-2].

Uneasiness in bowels; distress in abdomen [1-2]; early a. m. discomfort in abdomen.

Abdomen sensitive to pressure; pain on slight pressure all over abdomen.

Pains and aching all over abdomen; pain in abdomen [6-7]; much pain in abdomen; heavy pain in abdomen [2-2]; dull pain all over abdomen; morning pain in abdomen [1-5]; pain in bowels; distressing pain in abdomen somewhat > passing flatus; much pain and flatus in abdomen; pain in abdomen and passage of much flatus; severe, labor-like pains > flatus; heavy pain in l. side of abdomen; dull pain in l. side of abdomen; aching pain in l. side of abdomen.

Pain in abdomen as though preceding stool; pain over whole abdomen preceding stool; griping in abdomen preceding urgent stool; aching in abdomen preceding stool [1-2]; dull pain in bowels followed by loose stool; aching in abdomen preceding and accompanying stool; aching in abdomen preceding stool, but relieved afterwards; pain in abdomen with stool; slight pain in abdomen relieved by stool; pain in bowels > by diarrheic stool [1-3]; aching in abdomen before and during stool, but relieved by evacuation [1-3]; severe aching in abdomen preceding stool, > by evacuation.

Sharp, momentary pain all over abdomen [1-4]; sharp, drawing pain in abdomen; shooting pain in abdomen; sharp, stitching pains all over abdomen [2-5]; in r. side of abdomen [1-3]; in l. side of abdomen [2-2]; in abdomen, especially from navel to r. groin; migratory pains all over abdomen [1-2]; sharp pain in r. side of abdomen; sharp, momentary pain in r. abdomen [2-4]; sharp pain in l. side of abdomen [3-7]; cramping pain in bowels [3-3]; cramping pains in abdomen [6-6]; severe, cramp-like pains in abdomen, lasting 10 to 15 m.; cramps in abdomen; cramping sensation in abdomen, quite severe, but of short duration; slight cramp in abdomen soon after breakfast; severe cramps in abdomen, lasting 10 to 15 m., < upright position and walking, > sitting doubled up; cramping, colicky pains in abdomen; colicky pains in abdomen [3-3]; colic with nausea; sharp, colicky pains high up in abdomen > by passage of flatus; colicky pain in abdomen accompanied by rumbling of gas; awakened at night with colic and extreme tympanitis; colicky pains distributed all over abdomen, relieved temporarily by pressure of tightened belt but lasting 4 hrs., without flatulence, or diarrhea, or other symptoms.

Sensation as though all the intestines were twisted and knotted like a bunch of angle-worms.

Bearing-down or pressure in the abdomen [1-4].

Abdomen distended [1-2]; abdomen much distended; abdomen very much distended; abdomen greatly distended, with feeling as though skin would burst; abdomen much distended with gas; more gas than usual in abdomen; much gas in abdomen; accumulation of gas in abdomen during evening; flatulence, < towards evening; abdomen much distended, with passage of flatus; passage of much flatus [2-2]; considerable flatus with offensive odor [1-2]; much offensive flatus passed per rectum; distressing pain in abdomen, somewhat > passing flatus; feeling of incarcerated flatus; flatus in abdomen; bloating in abdomen; bloated feeling in abdomen after eating; bloating in bowels, with cramps; tympanitis; extreme tympanitis.

Rumbling in abdomen [4-4]; increased peristaltic action of intestines [1-5].

Soreness in abdomen [2-2]; soreness in bowels, must walk carefully; soreness in abdomen < walking.

Weak, gone feeling in abdomen [1-3].

Abdominal symptoms < walking and motion, > urinating, passing flatus and remaining quiet.

Umbilical region. Aching pain in umbilical region.

Sore pain below umbilicus, not always > by passing flatus; soreness and aching in umbilical region, < 4 to 8 p. m.

Shooting, griping pains from umbilicus to pubes; griping pain in abdomen, below and to r. of navel, spreading from r. to l., > by urination.

Colicky pains in abdomen about navel; 5 p. m colicky pain in umbilical region; colicky pains in umbilical region preceding stool; colicky, cramping, sore, aching pains at umbilicus [1-3] and across abdomen below umbilicus [1-4] and in lumbar regions, < l.; twisting pain in region of umbilicus.

Cramp-like pain in umbilical region [2-2]; after breakfast, cramp-like pain just below umbilicus, lasting 10 min.; at supper table cramping pain in umbilical region, < after eating an orange and after rising and moving about; cramp-like pain at umbilicus and across abdomen, below umbilicus; cramp-like pain in epigastric and umbilical region.

Iliac region. Pain comes through from back to r. and l. iliac region; pain in l. iliac region; sharp pain in r. iliac fossa; pain below ileum running from spine downward and forward, < movement, > sitting quietly, beginning in p. m., sharper in evening; pain in ileo-cæcal region; severe pain in ileo-cæcal region.

Ovaries. Pressure in ovaries.

Pain in ovaries [1-4]; bearing-down pain in ovaries [1-2]; bearing-down feeling in ovaries.

Sharp, momentary pains in both ovaries; sharp, stitching pains in r. ovary [3-8]; in r. ovary, shooting to region of liver; sudden, sharp and contractive pain in r. ovary; sharp, momentary pain in l. ovary [2-3].

Tenderness in both ovaries; soreness about l. ovary; dragging pain about l. ovary; fluttering in l. ovary was very pronounced [1-4].

Uterus. Pressure in uterus [1-4].

Bearing-down sensation about uterus; bearing-down sensation [1-2] "as if whole uterus would come out."

Burning sensation about uterus [1-6].

Slight pain above uterus; pain in uterus [1-6]; dull pain in uterus.

Sharp, momentary pains in uterus [2-2]; sharp, bearing-down pains in uterus, as if menses would start.

Uterus very sore to touch [2-2]; uterus and bladder very sore.

Bladder. Sensation of pressure in region of bladder.

Bearing-down sensation about bladder.

Burning sensation about bladder [1-2].

Colon, etc. Heaviness in descending colon.

Two a. m. violent, intermittent, cramping pain in l. side of abdomen (descending colon) > pasty stool with much flatus; pain in descending colon; cramping in l. side of abdomen, as nearly as could be determined in descending colon, compelling him to double up and > in that position.

Pain in sigmoid flexure from flatus; incarcerated flatus, which causes pain as it passes sigmoid flexure and rectum.

Sharp pain in anus.

Pelvis. Heaviness in pelvis; dull ache in pelvis; pain in l. side of pelvic region.

Soreness in pelvic region [1-2].

Lower Abdomen. Bearing-down or pressure in lower abdomen [1-8]; pressure and pain in lower abdomen; steady, bearing-down sensation, or pressure [1-2], in lower part of abdomen.

Lower half of abdomen feels so tired she can scarcely walk.

Bright red eruption on lower part of abdomen, inclined to be pustular.

Pain in lower part of abdomen [1-3]; dull pain in lower abdomen [2-2]; dull aching in lower part of abdomen [1-3]; pain in abdomen and lower bowels; dull pain in lower abdomen followed and relieved by stool.

Sharp pain in lower part of abdomen [1-2]; sharp, momentary pain in lower part of abdomen [1-2]; sharp, stitching pain

in lower part of abdomen [3-8]; shooting pains and cramps low in abdomen.

Cramps low in abdomen.

Oppressed feeling in lower abdomen as if menses would surely start [1-2]; bearing-down sensation in abdomen as though menses were coming on, though not due for 15 days (this is an unusual symptom, but the feeling was so strong that preparations were made for the sickness).

Hypogastrium. Fulness in hypogastrium; enlargement and fulness in hypogastric region [1-2].

Sharp pain in hypogastrium; colicky pain in hypogastric region; colicky pain in hypogastrium [1-2], with slight nausea.

Pubic Region. Cramping pain in pubic region.

Colicky pain in pubic region.

Inguinal Region. Aching in r. inguinal region.

Sharp, transient pain in r. inguinal region > resting; transient pain in l. inguinal region; 4 p. m. sharp pain in l. inguinal region.

Colicky pain in inguinal regions; colicky pain in r. inguinal region.

Groin. Groin sensitive to touch; r. groin sensitive to touch; soreness and tenderness in r. groin.

Pain in r. groin on pressure; severe pain in r. groin; griping pain in r. groin.

Sharp pain in r. groin; sharp pain in l. groin; sharp, stitching pain in l. groin.

Scrotum. Sharp pain in region of scrotum; sharp pain in region of scrotum, proceeding to anus, causing prover to double up for a time because of its severity.

Outer Chest. Itching on chest [1-2].

Pimples on chest; itching rash on l. chest resembling scarlet-rash.

Pressure on chest [1-10]; sensation of pressure in chest behind sternum; sensation of pressure under sternum.

Sensation as of band around upper portion of chest.

Sensation of constriction beginning in l. pectoral muscle.

Slight pains in chest; slight pain under r. scapula [2-3]; pain in upper chest; pain in r. upper chest [1-2]; pain in l. chest just above breast; pain in l. side of chest; pain under border of last r. rib for short time; pains in both sides of chest.

Dull pain back of l. nipple; dull pain in both sides of chest; constant, dull pain in l. pectoral muscle.

Heavy pain in chest; heavy, pressing pain across chest; stiff pain in l. chest from axilla backward through inferior angle of l. scapula, < motion.

Intermittent, strong pain in r. side of chest extending into arm-pits; sharp pains in both arm-pits [1-3]; sharp pain

in sternum; shooting pains in l. breast; sharp pain back of l. nipple [1-5] < while inhaling; sharp pain in l. chest above breast which lasted for ½ hr. and disappeared gradually in about 15 min.; pain back of l. nipple so sudden and sharp as to cause raising of hand to chest and involuntary exclamation; pain through chest at l. nipple; sharp, shooting pains under l. breast several times during day; sharp, sticking pain in region of r. nipple; stitching pain in r. chest; sharp, migratory pains in r. side of chest [1-5]; sharp, momentary pains in r. side of chest [2-5]; sticking pain of short duration in r. side of chest; intermittent pain in r. chest wall between third and fourth ribs; sharp, sticking pain in r. anterior lateral chest; sharp, darting, neuralgic pain in sixth and seventh dorsal nerves extending around r. side; sharp pain in l. chest; sharp, momentary pains in l. side; sharp, intermittent pain in l. side under third rib; sharp, darting pain in l. chest wall under and below scapula.

Transient, numbing pain in l. pectoral muscles extending down arm, also in r. pectoral muscles; transient, precordial pain noticed twice during proving; transient pain in chest walls, r. and l. of sternum, between third and fourth ribs.

Wandering pains beginning in l. pectoral muscle, extending in all directions; migratory pains in r. side of chest.

Soreness in r. upper chest not < by deep breathing; soreness in r. subclavicular region, not < motion, comes and goes; soreness in sternum.

Neck and Back. **Neck.** Pimples on neck.

Stiff neck [1-3]; muscles at back of neck stiff and sore [2-2].

Stiff, muscular pains in neck on motion.

Swelling both sides of neck below angle of jaw [1-4].

Muscles of back, especially in cervical region, sore to touch and on moving.

Drawing pain back of neck; drawing sensation from nape of neck to feet.

Chilliness from neck down back.

Pain across neck between shoulders [1-4]; sharp, migratory pains back of neck [2-2]; pain from top of l. shoulder to behind ear.

Fleeting pains in neck and back; neuralgic pain in back of neck to mastoid process, and through r. face to temple and above r. eye [region supplied by r. small, occipital nerve and auriculo-temporal, also fibres of submaxillary branch of the r. tri-facial. — Ex.].

Aching upon r. side of neck.

Scapula. Aching in muscles back of scapula; sore pain across shoulder blades; aching between shoulder blades.

Pain in r. scapula [2-2]; pain under r. scapula; pain under l. scapula; dull, aching pain under l. scapula.

Sharp pain under l. scapula, with soreness to touch.

Back. Rash on back.

Itching on back [1-3]; itching on back as if something were biting; sensation as though something were crawling over back.

Back tired; back very tired.

Pain in back [3-5]; pain across back [1-2]; pain in back disturbs sleep; dull pain in back; in back and upper part of sides (during menstruation).

Slight pain in back when walking or carrying anything heavy; across back < bending over.

Sharp pain in back; sharp pain in back and r. shoulder, coming and going quickly; sharp, migratory pains in upper part of back; wandering pains down back; quick, darting pains in lower part of spine; neuralgic pain in back.

Backache [3-22]; aching over entire back [2-2]; aching pain all over back, < sitting; aching in muscles of back; aching in middle of back from side to side, < standing or walking, > when still; backache continuing all day; tired backache; terrible backache.

Stiffness in back.

Great heaviness in back.

Numbness across back [2-2].

Small of Back. Pain in small of back [2-2]; dull pain in small of back; dull, aching pains in small of back extending around l. side of waist; backache across waist line.

Stitching pain in l. side of back extending downward across waist line.

Small of back and legs feel too weak to support body.

Lumbar Region. Back below waist feels tired.

Uneasy feeling in r. lumbar region from 4 to 8 p. m.

Slight pain in lumbar region of spine; pain in lumbar region [3-3]; pain in lower part of back; dull pain in lumbar region [2-8]; oppressive pain in lumbar region; dull, aching pain in lumbar region < p. m. [2-2], on r. side; intermittent pain in r. lumbar region; cramp-like pain in r. and l. lumbar regions, < upright position and walking, > sitting doubled up; pain in l. lumbar region; spasmodic pain in l. lumbar region.

Sharp and quite steady pain in r. lumbar region near spine.

Quick, darting pain in lower part of spine; transient pain in r. lumbar region.

Aching in lumbar region > by motion; aching in lumbar region preceding stool, relieved by evacuation; severe

ache in lower part of back; backache in lumbar region; backache < lumbar region; backache from lower dorsal region downwards.

Sacral Region. Aching in sacral region; dull aching in sacrum < standing.

Upper Limbs. Shoulders. Itching on l. shoulder [1-2]; itching rash on l. shoulder.

Numbness of shoulder [1-2].

Jerking in r. shoulder.

Pain in shoulder; pain in r. shoulder [3-3]; pain in l. shoulder and arm after exercise; pain from neck down l. shoulder and arm.

Dull pain in shoulder joints; dull pain in r. deltoid muscle; dull, tired pain in r. deltoid muscle; dull pain over r. acromion process; dull pain in a spot as big as a dime over acromion process.

Sore pain at attachment of deltoid on humerus; sore pains across shoulder blades; sore pains in l. shoulder, coming suddenly and disappearing gradually.

Aching pain in r. shoulder down to hand; aching in l. shoulder, dull < motion.

Sharp pains in shoulder; sharp pains in r. shoulder [3-4]; sharp pain in l. shoulder joint.

Darting pains in shoulders [1-2]; transient pains in arm over insertion of deltoid; fugitive pains in shoulder muscles on r. side [1-3]; neuralgic pains about r. shoulder, continuing to circumflex nerve; neuralgic pain about l. shoulder [2-4]; fleeting pains in l. shoulder; twinges in l. shoulder; twinging pains in l. shoulder; fleeting pains between l. shoulder and neck, extending down arm to hand.

Arms. Intense itching and burning on arms.

Rash on entire surface of arms resembling scarlet-rash.

Vessels in arms beat strongly.

Twitching in muscles of arms at night; twitching in muscles of r. arm; muscles in l. arm twitch all day.

Numbness in r. arm [1-2]; twinging in r. arm as if asleep.

Feeling of weakness in arms; loss of power in arms; l. arm rather weak.

Arms are awkward, cannot hold bundles without their slipping down.

Muscles of l. arm and shoulder stiff and sore.

Pain in r. arm, extending to finger tips in pulsating waves; pain in l. arm; pain entire length of l. arm.

Dull pain between neck and l. shoulder extending down arm to hand; in r. elbow joint; slight pain in r. arm; pulsating pains in r. arm; pain in r. arm running from shoulders to tips of fingers; pulsating pains in r. arm.

Numb pain in l. pectoral muscle extending down arm, of transient duration, felt upon several occasions, and once in r. pectoral muscle.

Sharp pains in arms [1-6]; sharp pain in back of arms from elbow to shoulder; sharp pain in biceps muscles extending to ends of fingers; sharp, transient pains in arm near insertion of deltoid about metacarpal bones; sharp pain entire length of r. arm; sharp pain in l. upper arm.

Twinges in l. arm; twinges in fleshy part of l. arm; sharp, stitching pain in l. arm [2-2]; shooting pain in l. upper arm; neuralgic pains down l. arm to hand [1-3].

Migratory pains in r. arm [1-2]; migratory pains in l. arm; wandering pains in l. arm and hand.

Numbness and dull pain in elbow joints.

Elbow reflexes accentuated.

Dull pain in r. elbow joint.

Forearms. Skin of forearms quite red and dry.

Burning on upper surface of forearms.

Twitching in l. forearm.

Marked sensation of contraction in area of l. radial nerve.

Tendency to numbness in distribution of both median nerves.

Sharp pains inside l. forearm; shooting or darting pains, quick, sharp, and momentary, inside of l. forearm.

Wrists. Papule on r. wrist.

Lameness, with dull pain in wrist joints.

Pain in r. wrist; dull pain in wrists; momentary, dull pain in wrists; sharp pains in both wrists [1-4]; darting pains in wrists [1-2]; sharp, momentary pains in wrist; in r. wrist [2-10]; flitting pains, sudden and sharp, in r. wrist; sharp, momentary pains in l. wrist [2-3]; shooting or darting pains, quick, sharp and momentary, in l. wrist; at night, darting pains in r. wrist [1-2].

Hands. Skin of hands quite red and dry; hands dry; hands feel dry and are red; back of hands red with constant burning; burning and redness of skin on back of hands; palms of hands red; palms of hands very dry and parched; palms of hands dry and rough [2-2]; palms of hands very dry [3-3]; dryness of palms of hands; palms dry and hard.

Hands feel hot [1-3]; sensation of heat in hands, which feel hot to others.

Vessels in hands beat strongly.

Hands feel moist after dryness; hands very moist.

Hands cold [1-2].

Hands stiff; hands feel stiff and full, < l. > night; hands feel dry and stiff; hands feel stiff and clumsy; hands feel as if swollen; drawing feeling on closing hands.

ache in lower part of back; backache in lumbar region; backache < lumbar region; backache from lower dorsal region downwards.

Sacral Region. Aching in sacral region; dull aching in sacrum < standing.

Upper Limbs. Shoulders. Itching on l. shoulder [1-2]; itching rash on l. shoulder.

Numbness of shoulder [1-2].

Jerking in r. shoulder.

Pain in shoulder; pain in r. shoulder [3-3]; pain in l. shoulder and arm after exercise; pain from neck down l. shoulder and arm.

Dull pain in shoulder joints; dull pain in r. deltoid muscle; dull, tired pain in r. deltoid muscle; dull pain over r. acromion process; dull pain in a spot as big as a dime over acromion process.

Sore pain at attachment of deltoid on humerus; sore pains across shoulder blades; sore pains in l. shoulder, coming suddenly and disappearing gradually.

Aching pain in r. shoulder down to hand; aching in l. shoulder, dull < motion.

Sharp pains in shoulder; sharp pains in r. shoulder [3-4]; sharp pain in l. shoulder joint.

Darting pains in shoulders [1-2]; transient pains in arm over insertion of deltoid; fugitive pains in shoulder muscles on r. side [1-3]; neuralgic pains about r. shoulder, continuing to circumflex nerve; neuralgic pain about l. shoulder [2-4]; fleeting pains in l. shoulder; twinges in l. shoulder; twinging pains in l. shoulder; fleeting pains between l. shoulder and neck, extending down arm to hand.

Arms. Intense itching and burning on arms.

Rash on entire surface of arms resembling scarlet-rash.

Vessels in arms beat strongly.

Twitching in muscles of arms at night; twitching in muscles of r. arm; muscles in l. arm twitch all day.

Numbness in r. arm [1-2]; twinging in r. arm as if asleep.

Feeling of weakness in arms; loss of power in arms; l. arm rather weak.

Arms are awkward, cannot hold bundles without their slipping down.

Muscles of l. arm and shoulder stiff and sore.

Pain in r. arm, extending to finger tips in pulsating waves; pain in l. arm; pain entire length of l. arm.

Dull pain between neck and l. shoulder extending down arm to hand; in r. elbow joint; slight pain in r. arm; pulsating pains in r. arm; pain in r. arm running from shoulders to tips of fingers; pulsating pains in r. arm.

Numb pain in l. pectoral muscle extending down arm, of transient duration, felt upon several occasions, and once in r. pectoral muscle.

Sharp pains in arms [1-6]; sharp pain in back of arms from elbow to shoulder; sharp pain in biceps muscles extending to ends of fingers; sharp, transient pains in arm near insertion of deltoid about metacarpal bones; sharp pain entire length of r. arm; sharp pain in l. upper arm.

Twinges in l. arm; twinges in fleshy part of l. arm; sharp, stitching pain in l. arm [2-2]; shooting pain in l. upper arm; neuralgic pains down l. arm to hand [1-3].

Migratory pains in r. arm [1-2]; migratory pains in l. arm; wandering pains in l. arm and hand.

Numbness and dull pain in elbow joints.

Elbow reflexes accentuated.

Dull pain in r. elbow joint.

Forearms. Skin of forearms quite red and dry.

Burning on upper surface of forearms.

Twitching in l. forearm.

Marked sensation of contraction in area of l. radial nerve.

Tendency to numbness in distribution of both median nerves.

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Wrists. Papule on r. wrist.

Lameness, with dull pain in wrist joints.

Pain in r. wrist; dull pain in wrists; momentary, dull pain in wrists; sharp pains in both wrists [1-4]; darting pains in wrists [1-2]; sharp, momentary pains in wrist; in r. wrist [2-10]; flitting pains, sudden and sharp, in r. wrist; sharp, momentary pains in l. wrist [2-3]; shooting or darting pains, quick, sharp and momentary, in l. wrist; at night, darting pains in r. wrist [1-2].

Hands. Skin of hands quite red and dry; hands dry; hands feel dry and are red; back of hands red with constant burning; burning and redness of skin on back of hands; palms of hands red; palms of hands very dry and parched; palms of hands dry and rough [2-2]; palms of hands very dry [3-3]; dryness of palms of hands; palms dry and hard.

Hands feel hot [1-3]; sensation of heat in hands, which feel hot to others.

Vessels in hands beat strongly.

Hands feel moist after dryness; hands very moist.

Hands cold [1-2].

Hands stiff; hands feel stiff and full, < l. > night; hands feel dry and stiff; hands feel stiff and clumsy; hands feel as if swollen; drawing feeling on closing hands.

Trembling of hands [4-4]; tremor of hands [2-2], hands unsteady in fastening clothing.

Feeling of weakness in hands; things fell out of hands, which had no power.

Constant motion of hands with delirium; carphologia.

Numbness of r. hand [1-2].

Pain in r. hand [2-4]; dull pain in hands [1-2]; momentary, dull pains about hands [1-2]; dull pain in r. hand; severe, dull pain in r. hand, followed by burning sensation; dull pain in l. hand; sharp pains in hands [1-4]; sharp pain in back of r. hand [2-2]; sharp pain in r. hand [3-6]; in l. hand [2-4]; about hands; two sharp pains in r. hand and l. ear simultaneously; flitting pains, sudden and sharp, in r. hand; shooting or darting pains, quick, sharp, and momentary [2-6]; in back of r. hand; in l. hand, [2-7]; wandering pains in l. hand; pulsating pain in second finger of l. hand; rheumatic pains between third and fourth metacarpal bones; transient pains about metacarpal bones.

Thumbs and Fingers. Pustule on back of l. third finger.

Skin on fingers looks and feels glossy; fingers stiff; fingers feel as if covered with dry, egg-albumen, and were as smooth as ivory; finger tips dry and rough; finger ends dry and rough as if about to chap and crack.

Fingers shrivelled and nails blue.

Palmar surface of fingers numb; tingling in r. fingers as if asleep.

Pain in ring finger of r. hand; sharp, momentary pains in r. fingers; strong pain in middle and ring finger of l. hand.

Dull pain in thumbs of both hands; pain in thumb; in end of l. thumb; momentary, dull pain in thumb of l. hand; flitting pains — sudden and sharp — in end of l. thumb; sharp, momentary pains in thumb; sharp pains in thumb; sharp pain in l. thumb; shooting or darting pains — quick, sharp, and momentary — in ball of thumb and thumb; sharp pain in index finger r. hand; sharp, migratory pains in r. fingers.

Sharp, stinging pain in r. thumb.

Pulsating pain in fingers of l. hand.

Rheumatic pains in middle of ring finger of l. hand.

Lower Limbs. **Hips.** Pain in r. hip when walking; pain in l. hip [2-2]; sore pain in l. hip.

Slight pain in hips < bending over; in l. hip and thigh.

Sharp pain in l. hip [2-9]; neuralgic pain in l. hip; twinges in l. hip; twinging pains in hip; rhythmical pains, sudden and sharp, from l. hip to ankle.

Strong pain in bone of l. hip joint [1-2].

Cramp in l. hip; cramp-like pain in l. hip; cramp in l. hip causing her to hesitate in walking; cramp-like pain, coming and going suddenly, in l. hip, [1-4], through flesh and head of femur as if in bone marrow.

Legs. Itching in legs [1-6]; intense itching and burning on legs; itching as if something were biting legs [1-3] (unusual symptom, no eruption); itching on r. leg.

Pain in legs; pain in back of legs [1-3]; pain in back of legs < on moving; severe pain down r. leg from hip; pain in r. leg; pain in l. sciatic nerve.

Dull pain in legs; in entire r. leg; in outside of r. leg; dull pains in l. leg [1-2]; dull pain in entire l. limb; dull pain in outside of l. lower limb.

Slight pain in legs, with sore feeling when not aching; in back of legs [1-4], on rising, which disappeared about 10 a. m. < on moving.

Drawing pain in legs.

Aching in legs [1-4]; aching pains in legs with numbness, < r.; dull, aching numbness in legs; legs ache as though she had walked miles; aching in legs > motion.

Sharp pain in lower limbs; sharp, migratory pains in both legs; sharp, momentary pains in legs [2-3]; sharp pain extending from r. hip to ankle [2-2]; sharp, migratory pains in r. leg [1-3]; sharp, momentary pains in l. leg [1-2]; sharp, darting pains in l. sciatic nerve, extending down leg and ending in l. saphenous nerve; sudden, sharp pain shooting down l. anterior crural nerve to knee, followed by ankle cramp.

Legs tired; tired feeling in legs; legs feel very tired and stiff in joints; legs feel tired; tired and weak in legs.

Legs weak; weak feeling in legs; weakness of muscles of legs; feeling of weakness in lower extremities; great weakness in lower extremities; great weakness in legs upon rising from a sitting or lying posture; feels weak in legs with tendency to stagger; legs feel too weak to support body; great weakness in legs on going upstairs; legs weak and trembling, < going downstairs; legs trembling [1-2]; l. leg rather weak.

Heavy, weary feeling in legs; leg heavy [1-6]; leg heavy and feels swollen; great heaviness in legs; heaviness in legs while sitting; r. leg feels heavy; l. leg heavy for a long time after proving.

Restlessness in legs and feet > constant motion; desire to keep legs moving; lower limbs restless [1-2].

Twitching in muscles of legs at night; twitching of individual muscles in legs; legs twitch; jerking in legs; jerking in whole of r. leg (had chorea in childhood).

Prickling sensation causing legs to jump and jerk; formi-

cation and jerking, one leg at a time; sensation of stinging in legs which causes jumping and jerking.

Legs feel as though cold water were running down in them [1-2]; a feeling as if cold water were running down inside of legs from l. hip to toes.

Loss of power in legs; legs do not readily respond in action, seems like motor paralysis; l. leg drags because it is too heavy and from loss of power.

Thighs. Bright red eruption on thighs, inclined to be pustular; papules on thighs.

Pain down back of thighs; pain in outer side of l. thigh; pain in back of l. thigh; pain in l. thigh [1-2]; pain in l. thigh to knee, < crossing l. over r. knee; pain in bones from l. thigh to knee.

Dull pain in upper part of thighs; dull ache down thighs; dull pain extending from l. thigh to knee; dull pain near lower end of thigh to knee, which seemed to come in slow waves; slight pain back of thighs continuing from 4 to 9 p. m.; slight pain when putting l. thigh muscles on a stretch; in l. thigh to knee < crossing l. over r.; in back of l. thigh and calf.[2-2]

Neuralgic pains in l. thigh; flying pains between l. knee and thigh.

Drawing pain in l. thigh extending to great toe.

Rheumatic pain in anterior aspect of thigh in extensor muscles.

Slight, fibrillary twitchings in l. thigh.

Great heaviness in thighs.

Knees. Itching on knees.

Pain in region of knee; pain in knee joint < motion; pain in knee < motion; knees painful when walking; pain in knee joint < crossing l. over r. knee; pain in l. knee joint on going up and downstairs; pain under l. knee.

Dull pain about knees [1-2]; momentary, dull pains in both knees; dull pain in l. knee.

Slight pain in knees when walking; over r. patella; in knees < l.; in knee joints during a. m. (no tenderness to touch) upon bending knees to sit down, especially when crossing l. over r. knee; in thigh to knee < crossing l. over r. knee.

Sharp pains in knee joints, > by motion; sharp pains in both knees; sharp pain in r. knee [3-4]; sharp, shooting pains in r. knee [2-6]; over r. knee [1-4]; sharp pain in region of l. knee; sharp, shooting pain in l. knee [1-4].

Twinges in both knees; twinging pain under l. knee, which made her feel like throwing the knee up; fleeting pains in r. knee; darting pain through r. knee; twinges in l. knee; flitting pains, sudden and sharp, in l. knee.

Strong pains in both knees.
Shooting or darting pains, quick, sharp, and momentary, in knees [2-2]; over r. knee; in l. knee; momentary, sharp, and dull pains, sometimes pulsating, about knees.
Drawing pains under both knees; drawing pain, posteriorly from above to below l. knee [1-2].
Rheumatic pains in knees.
Aching in knees; aching in tendon back of knee joint; sore, aching pain in r. patella < rest > walking.
Sensitiveness of both knees while on stairs.
Knees stiff and sore; knees so stiff and lame could hardly walk, > motion.
Weakness in knees after standing awhile; weakness in back of knees; knees feel weak as if they needed oiling; knees shaky in walking; knees give out with a jerk when walking, < l.
Swelling in r. and l. popliteal spaces.
Knee reflexes accentuated; patella tendon reflexes reduced.
Twitchings under r. knee.

Knees to Ankles. Itching in calf of l. leg.
Papules on upper part of r. calf.
Pains in knees and ankles < l; pain in calves of legs; pain in back of l. calf.
Dull pain in r. calf; in r. shin bone.
Slight pain in calves of legs [2-2] on going up stairs; in back of l. thigh and calf. [2-2]
Sharp pains in both legs from knees to ankles; sharp pains in shin bones; in r. shin bone; in outside of calf of l. leg.
Strong pains flying from l. knee to foot and back again, for about 5 min.
Shooting or darting pains, quick, sharp, and momentary, from knee to ankle; in r. shin bone.
Twinges in l. calf.
Aching in calf of leg < r.
Legs cold to knees.

Ankles. Pains about ankles; pain in ankles when walking.
Momentary, dull pains in ankles [1-2].
Dull pain in ankles [1-2]; in r. ankle, causing limping; dull pain in r. ankle; three different times during day, dull pain in r. ankle and foot of such severity that it was necessary to limp for 3 or 4 steps, the pains coming on while walking and located in outside of foot and ankle.
Slight pain in ankles, < l.
Sharp pains in ankles [3-2]; sharp, migratory pains in r. ankle [1-3]; sharp, momentary pains in r. ankle [2-3]; darting pains in r. ankle [1-3]; sharp pain in l. ankle [3-3]; sharp pain encircling l. ankle [1-2] like cramp; rhythmical pains, sudden and sharp, from l. hip to ankle.

Sharp, transient pains about ankles.
Aching in ankles; aching pain in ankles > walking < rest; dull, aching pain in r. ankle < motion.
Bruised feeling in ankles when walking.
Rheumatic pains in ankles.
Ankles swollen [1-3]; ankles swollen at night, swelling disappeared in morning.
Feet. Itching as if something were biting bottom of r. foot.
Feet hot and dry; burning in soles of feet.
Feet cold [2-3].
Continuous pain in r. foot; slight pain in r. foot; dull pain in feet [1-2]; dull pain in r. foot [2-2]; in r. foot, causing limping; momentary, dull pains in feet; dull pain in l. foot.
Momentary, sharp and dull pains, sometimes pulsating, about feet; sharp pains in l. heel; sharp pains in feet [2-4]; in r. foot [1-3]; inside r. foot; in instep of r. foot [1-3]; sticking pain in sole of r. foot; sharp, migratory pains in bottom of r. foot; sharp pain in outside of l. foot midway between heel and toes; in l. foot across instep and toes; across l. foot up into instep; in instep of l. foot [1-2]; in outside of l. foot; in l. foot near middle toe.
Strong pains in l. instep; in l. foot and region of toes.
Flitting pains, sudden and sharp, inside of r. foot; inside of l. foot.
Darting pains in r. foot [2-2]; in r. foot, almost continuous for a while; shooting, or darting pains, quick, sharp and momentary, in r. foot [1-4]; in r. and l. foot; in l. foot [1-3]; in l. instep; in bottom of l. foot, near middle toe; in l. foot across instep and toes; in heel.
Feet tender.
Feet swollen; feet swollen towards night; l. foot so swollen in morning had to wear old shoe.
Heaviness in feet while sitting.
Feet feel very light.
Feet feel as though without sensation.
Toes. Pain in l. great toe, streaking up to instep.
Dull pain about toes; momentary, dull pains about toes, especially those of l. foot; dull pain in toes of l. foot.
Slight pain in last joint of second toe r., very painful on waking in a. m., continuing through day, with pains later in all the toes of both feet < r.
Strong pain in region of toes.
Shooting or darting pains, quick, sharp, and momentary, about toes r. and l.; across l. instep and toes.
All toes of both feet, < r. sore and painful.
Sharp pains in toes; sharp pains in toes of l. foot.

Drawing pain in l. foot in region of great toe.
Joints of large toes red and painful on waking in the morning; last joint of r. great toe very painful, cannot bear pressure of shoes.

Limbs in General. Itching of all the limbs [1-4].
Dull pains, of brief duration, all over body and in limbs through day.
Sharp, migratory pains in all the limbs; sharp pain in the joints > by motion; shooting or darting pains, quick, sharp, and momentary, in upper and lower extremities [1-2].
Aching in muscles of extremities; aching in all the joints.
Stiffness in all the joints; stiffness in extremities; stiffness and aching in every joint; stiffness and aching in all the joints, < motion.
Marked trembling of legs.
Spasmodic contractions of legs.
Reflexes much accentuated; all reflexes, except l. wrist, increased.
Numbness in extremities.
Awkward feeling in arms and legs, they do not seem to be entirely under control of the will.

16. Sensations

Mind and Nervous System. Sensation of fright.
Sensation of depression and discouragement.
S. of dullness as if she would like to close her eyes and "drop off" (with irregular heart's action).
S. as though stupid.
S. as though dazed.
S. as though she should easily lose consciousness.
S. as though the mental, and other, faculties were alert, "as after drinking coffee."
S. of lassitude and weakness.
S. of heaviness all over body [1-5].
S. of heaviness all over body "as though drunk" and unable to hold herself up [1-2].
S. as if he had been on a "big spree."
S. as though "tough."
S. as if he had had a night's dissipation.
S. of light-headedness as from deep and hard breathing.
S. of light-headedness when walking.
S. of lightness in head [2-3], < by motion [1-2].
S. as though the pillows were sinking down.
S. as though about to fall.
S. as of swimming of head on closing the eyes.
S. of tottering as though she should staggar if eyes were closed.

S. of falling when eyes were closed.
S. of unsteadiness as though about to stagger.
S. of unsteadiness, < upon rising from sitting posture [1-2].
S. when walking of feet slipping from under him.
S. when walking on street as though the ground were giving way under foot [1-2], < l.
S. of fulness in head [1-2].
S. as though head were too heavy for neck [1-2].
S. of constriction around throat as though collar were too tight, with dullness and heaviness in head.
S. of heaviness in forehead and eyeballs.
S. in head as though strained [1-2].
S. of tension in frontal [2-2] and temporal region.
S. as of band around head [2-2].
S. as though head would split.
S. of pressure in head from within outward.
S. as though head was "spreading apart."
S. in head as of something pushing from within outward, with severe, frontal headache.
S. as if top of head were lifting up (with intense headache), < motion, > outside air.
S. of boring in l. temple as if pressed in with knuckles, or something hard [1-3] (same sensation r. one day).
S. as though something opened and shut under both eyebrows between temples, during momentary, dull, heavy pain.
S. of drawing when standing, extending from nape of neck to feet, as if he were going to fall backwards, relieved by taking step backward.
S. as though legs would not hold up the body when rising from a sitting or lying posture.
S. as though legs and arms were not entirely under control of the will.
S. of clumsiness and uncertainty in walking and sitting down.
S. of trembling in muscles [2-2].
S. of fine tremor all over, < inside the body.
S. of awkwardness in legs and arms as though r. arm and fingers were asleep.
S. as though hands were stiff and clumsy.
S. as if hands were swollen.
S. of stiffness in hands and fingers.
S. in closing hands as if they were drawn.
S. as if hands could hold nothing.
S. as though l. side and l. leg were powerless.
S. as though she could hardly walk on account of fatigue in lower half of body.
S. of great heavinesss in legs, back, and thighs, as if he had walked a great distance.
S. of heaviness in legs.

S. of heaviness in l. leg [1-13].
S. as though l. leg were heavy and swollen.
S. of heaviness in feet and legs while sitting.
S. of lightness in feet.
S. as though cold water were running down in legs [1-3].
S. as though cold water were running down in legs from hip to toes.
S. as though cold water were running down l. leg from hip to toes.
S. of intense prickling confined to lower extremities.
S. of prickling causing legs to jump and jerk.
S. of sharp needles being thrust in flesh of legs.
S. of jerking in small joints.
S. as though sharp needles were thrust in flesh about small joints of lower extremities.

Eyes. S. as though upper eyelids were heavy and paralyzed.
S. of heaviness in eyelids [2-3], can hardly keep them open.
S. of heat in eyelids.
S. as though eyes did not wink at the same time.
S. as though eyes were half closed.
S. as if eyelids were exposed to cold air.
S. as if eyeballs were exposed to cold air [1-2].
S. of tension in eyeballs, which extends to forehead.
S. of heaviness in forehead and eyeballs.
S. of heaviness in eyeballs [2-2].
S. on waking as though both eyes were heavy and small.
S. as though eyeballs were too small, loose in sockets and pushed forward <.
S. as though r. eye were smaller than l. and as though it were loose in its socket and rolling around, whether open or closed; this sensation > by pressure.
S. as though eyeballs were small and loose in their sockets, < l. eye.
S. as though l. eye were smaller than r.[1-3]
S. on waking, as though l. eye were small.
S. as though l. eye were small [2-4].
S. as though eyes were too large.
S. as though r. eye expanded and protruded, with feeling of nausea and light-headedness while the ground seemed about to come up and she about to fall backwards.
S. as though eyes were too large for their orbits and difficult to open wide.
S. as though eyes were too large for their orbits and were being crushed out.
S. as though eyes pushed out from their sockets.
S. as though eyes were uneven, one feels higher than the other.
S. as though cross-eyed, < looking down.

S. as though cross-eyed when focussing eyes for any near object.
S. as though eyes were crossed.
S. as though something were sticking in l. eye, with lachrymation.
S. in eyes as if she had been crying.
S. as though dust or dirt were in the eyes.
S. as though eyes had sand in them.
S. as though eyes were filled with sand [3-3], < on use.
S. of dryness in eyes.
S. of burning in eyes.
S. of burning in eyeballs, < in open air, > indoors.
S. of burning in r. eyeball [1-3].
S. of burning in l. eye when closed.
S. of burning and smarting in face, on eyelids and in eyeballs, as if riding in wind.
S. as though there were a film over eyes.
S. as of something opening and shutting within the eyes with alternate clearing and obscuring of vision.
S. in eyeballs as though strained.
S. as of drawing back of eyes.
S. of dizziness, < looking down.

Ears. S. of fulness in throat extending to both ears [1-2].
S. of fulness in ears [4-10].
S. of fulness from ear to ear [1-3].
S. of fulnes in r. ear [1-2].
S. of fulness in r. and l. ear alternately (with sore throat).
S. of stuffiness in r. ear [1-2].
S. of stuffiness in l. ear [1-2].
S. of ringing in ears [1-2].
S. of fluttering in ears.
S. of soreness within ears [1-2].
S. of tickling extending from throat into Eustachian tube almost to ear [1-2].
S. of itching in r. ear.
S. of itching back of ears [1-2].
S. of itching between ear and throat on both sides, > snorting.
S. of itching in external meatus [2-2].
S. of stinging in l. mastoid.

Nose and Throat. S. of fulness in frontal sinus.
S. as though nose were thick, with no change in appearance.
S. as if nose were occluded when open as freely as usual.
S. as if a cold were coming on.
S. as of cold in head.
S. of mucus in naso-pharynx but nothing comes away.
S. of itching between ear and throat on both sides > snorting.

S. of scratching in mouth and back of nose.
S. of dryness and constriction in throat from ear to ear, as though choked by the hands.
S. as though throat were constricted.
S. as though throat were all shrivelled up.
S. as though mucous membrane or posterior pharynx were drawn up by astringent.
S. as though the throat were " a narrow, sore ring."
S. of choking from dryness of throat.
S. of dryness and constriction in larynx.
S. of dryness of nose, mouth, and throat, without corresponding objective changes.
S. of dryness in mouth, nose, and throat, marked with less objective dryness of membranes than before.
S. of dryness in throat without objective dryness.
S. as though throat were dry and dusty, but looks moist.
S. of great dryness in throat, yet with thick, ropy mucus.
S. of dryness of throat, which was covered with a sticky, tenacious mucus.
S. of heat and burning in pharynx without objective symptoms.
S. of soreness of l. faucial pillar without visible congestion.
S. of ball, or hard substance, in back of throat, not > swallowing.
S. of fulness in throat extending to both ears.
S. as of lump in throat.
S. as of lump on r. side of throat.
S. of large, hard lump in region of larynx.
S. as of something in pharynx.
S. as of splinter in pharynx.
S. in pharynx, on either side, as though being gagged.
S. of pressure in pharynx extending to temples, from nausea.
S. of knife-blade in throat at breakfast, < r. side.
S. of hardness and stiffness in throat when swallowing.
S. of scraping in throat.
S. of scraping in throat below palate to supra-sternal fossa.
S. of rawness in throat.
S. of moist, sticky coat over surface in mouth and throat, which is dry.
S. of relaxation of palate.

Respiratory System. Sensation of dyspnea on entering house.
S. as of smothering or sudden constriction of chest, with pressure, > by quick motion.
S. of " smothering," with difficult breathing.
S. of suffocation [1-2].
S. of being unable to breathe when she awoke.
S. as if not air enough in room to breathe [1-4].

S. of oppressed breathing "as from asthma."
S. in chest as though breathing through a sponge [1-4].
S. as if upper chest were a sponge, through which he breathes with great difficulty.
S. as though upper chest were filling up, difficult to breathe.
S. as though a band were around upper part of chest.
S. as though there were a heavy weight on upper anterior chest, < on inspiration.
S. as of pressure in chest.
S. as of pressure on chest [1-9].
S. of pressure under sternum.
S. as if chest were too tight.
S. of tight feeling in chest [1-2].
S. of heaviness in chest.
S. of heaviness in r. side of chest.
S. of fulness in chest.
S. of fulness in thorax above line of nipples extending to throat.
S. as of lump under middle of sternum.
S. of constriction of chest with oppression.
S. of oppression of chest [3-3].
S. of oppression in upper part of chest [1-4].
S. of burning in r. side of chest on inspiration.
S. of "rattling" in l. side of chest below nipple [râles not heard below line of nipples. — Ex.].
S. of rawness behind sternum and as if something rattled against the front of chest, caused by sneezing.
S. in chest as though coming down with hard cold.
S. as if it would be easy to stop breathing.
S. as though lungs would cease acting and he would have "to start them up."
S. as if could not stand straight because of tired feeling in chest.
S. of pressure on chest behind sternum, with tendency to sigh that he might get more air.

Circulatory System. S. as though heart were too large.
S. as though heart were enlarging.
S. for 9 days as though heart were dilating.
S. as if heart were actually undergoing dilation.
S. in region of heart as though something would break if she walked fast.
S. in heart as though startled.
S. as though heart seemed to "flop."
S. as though heart would stop beating.
S. as though all the blood in the body were in her face.
S. as if face were cold and were growing white, but looked red and was rather hot.
S. of relaxation of muscular and vascular system, < afternoon.

Alimentary System. S. as though teeth were too long.
S. as though tongue were thick [1-2], with difficult articulation [1-2].
S. as though tongue were thick and cottony.
S. as though tongue were too wide for mouth.
S. as though tip of tongue were blistered.
S. in tip of tongue as if it had been bitten.
S. as though tongue were glazed.
S. of dryness in mouth.
S. of dryness in mouth and throat, without decrease in secretions [1-5].
S. of dryness in mouth, without objective dryness.
S. as though mouth were filled with cotton.
S. as though the mucous membrane of cheeks and fauces, if touched, would stick to finger and peel off.
S. of roughness and dryness in throat as if he had eaten green persimmons [1-2].
S. as if pharynx were drawn up by an astringent.
S. of pressure in pharynx extending to temples, from nausea.
S. of constriction in throat from drinking cold water, but not from warm tea.
S. of constriction of esophagus upon swallowing, < with soft foods and liquids.
S. of foreign body on swallowing.
S. of rawness in throat when swallowing water.
S. of raw surface in throat on empty swallowing.
S. as of lump in throat [1-2] as before vomiting.
S. of emptiness in stomach [2-2].
S. of goneness in stomach [2-2].
S. of peculiar goneness after eating.
S. of peculiar emptiness in stomach, as though it were filled with air, 1 hr. after eating (noticed after 6 meals).
S. of gnawing in stomach [2-2].
S. of hungry, gnawing feeling in stomach, disturbing sleep.
S. of weight in stomach.
S. of heat in stomach, with great nausea.
S. of nervous, hurried feeling in region of stomach.
S. of enlargement and fulness in hypogastric region [1-2].
S. of heaviness and burning in hypochondria, < l.
S. of pressure in abdomen [1-5].
S. of weakness and goneness in abdomen [1-3].
S. as though skin on abdomen would burst from distension.
S. as though the intestines were twisted and knotted like a bunch of angle-worms.

Genito-Urinary System. S. as though she could not walk from soreness in pelvic region.

S. of inflammation and burning about pelvis.
S. as of burning about bladder.
S. as of burning about uterus.
S. of dryness in vagina, as if it stood open, the walls were dry and rubbed upon each other in walking.
S. of heaviness in pelvis.
S. of heaviness in uterus.
S. of heaviness in bladder.
S. of bearing down in pelvis "as if whole uterus would come out."
S. of bearing down in abdomen and uterus [1-3] as if menses were coming on (unusual).
S. of bearing down in ovaries.
S. of "bearing down" about uterus and bladder (unusual).
S. of inability to urinate.
S. as if bladder were full, but must strain to void it [1-2].
S. of pressure over region of bladder, relieved by frequent urination [1-2].
S. of constriction in urethra, which necessitates straining in urinating (no objective constriction).
S. of fluttering for 4 days in l. ovary during menstruation (symptom unusual, ovary normal).

Bones and Muscular System. S. of lassitude and weakness.
S. as of trembling in muscles [2-2].
S. of relaxation of muscular and vascular system, < afternoon.
S. as though legs and arms were not entirely under control of the will.
S. as though hands could hold nothing.
S. as though hands were stiff and clumsy.
S. as if hands were swollen.
S. in closing hands as if they were drawn.
S. of burning following dull pain in r. hand.
S. of awkwardness in legs and arms.
S. as though l. side and l. leg were powerless.
S. as though legs would not hold up the body when rising from a sitting or lying position.
S. of clumsiness and uncertainty in walking and sitting down.
S. of great heaviness in legs, back, and thighs, as if he had walked a great distance.
S. as though she could hardly walk on account of fatigue in lower half of body.
S. of weakness in l. leg [1-4].
S. of heaviness in legs.
S. as though l. leg were heavy and swollen.
S. of heaviness in feet and legs while sitting.

S. as though ankles were bruised when walking.
S. as though sharp needles were thrust in flesh about small joints of lower extremities.

Skin. S. of heat over entire body, yet feels cool to touch.
S. of burning on ulnar surface of forearms and on back of hands.
S. of burning in skin after rubbing hands.
S. as though a fly were crawling upon arms, especially in bend of elbows.
S. as though insects [1-2] were crawling over back and in hair.
S. as if fingers were covered with dry, egg-albumen and were as smooth as ivory.
S. as if finger tips were about to crack.

General Systemic Conditions. S. of general sickness and misery.
S. of general feeling of lassitude.
S. of general sickness over entire body [1-2].
S. of general weakness similar to that once felt when tonsilitis was developing.
S. of burning heat all over the body.
S. of heat over entire body, yet felt cool to touch.
S. of heat all day although weather was somewhat cool.
S. of "inward fever."
S. of great internal heat, with profuse perspiration over entire body (pulse 112).
S. of feverishness with tendency to perspire, with subnormal temperature (97 to 98) [1-2].
S. of shivering with feverishness.
S. as if he would like to lie well covered [1-2].
S. of chills running up and down spine all day [1-2].
S. as of chills in "little whirls" all over.
S. of chilliness, mostly general (unusual) [1-16].
S. of chilliness in evening [1-2].

[Numbers in paragraphs which follow refer to different days on which symptoms are recorded. All symptoms enumerated will be found *in detail* in the sections indicated.]

Pain. Mind and nerv. sys.[50] (see aching); eyes [21]; ears [5]; nose and throat [5]; resp. sys. [8]; circ. sys.[3]; alim. sys. [35]; gen.-urin. sys. [37]; bones and musc. sys.[38] Regional parts: inner head (see mind and nerv. sys.); outer head [17]; face [6]; neck and back [24]; outer chest [7]; epigas. and stomach [2]; hypochon.[3]; abdomen [38]; upper limbs [18]; lower limbs [33].

Slight Pain. Mind and nerv. sys.[1]; ears [6]; resp. sys.[2]; circ. sys.[6]; alim. sys.[2]; bones and musc. sys.[6] Regional parts: neck and back [3]; outer chest [4]; abdomen [2]; upper limbs [1]; lower limbs [24].

Much Pain. Alim. sys.[1]; bones and musc. sys.[1] Regional parts: abdomen [1]; lower limbs [1].

Strong Pain. Mind and nerv. sys.[2]; resp. sys.[2]; bones and musc. sys.[1] Regional parts: outer chest [1]; upper limbs [1]; lower limbs [7].

Severe Pain. Mind and nerv. sys.[2]; circ. sys.[12]; alim. sys.[2]; gen.-urin. sys.[2]; bones and musc. sys.[1] Regional parts: face [3]; abdomen [5]; upper limbs [1]; lower limbs [4].

Violent Pain. Gen.-urin. sys.[1] Regional parts: abdomen [1].

Intense Pain. Eyes [1].

Terrible Pain. Eyes [2].

Extreme Pain. Mind and nerv. sys.[1]; eyes [1]. Regional parts: face [1].

Dull Pain. Mind and nerv. sys.[23]; eyes [10]; ears [5]; resp. sys.[3]; circ. sys.[1]; alim. sys.[6]; gen.-urin. sys.[2]; bones and musc. sys.[48] Regional parts: outer head [3]; face [15]; neck and back [16]; outer chest [3]; epigas. and stomach [5]; abdomen [7]; upper limbs [21]; lower limbs [38]; limbs in general [1].

Heavy Pain. Mind and nerv. sys.[2]; resp. sys.[2]; alim. sys.[7]; gen.-urin. sys.[1] Regional parts: outer head [1]; face [1]; outer chest [2]; abdomen [3].

Pressing Pain. Resp. sys.[1] Regional parts: outer chest [1]; epigas. and stomach [1].

Oppressive Pain. Regional parts: neck and back [1].

Dragging Pain. Gen.-urin. sys.[1]

Drawing Pain. Mind and nerv. sys.[4]; eyes [1]; alim. sys.[1]; bones and musc. sys.[10] Regional parts: neck and back [1]; abdomen [1]; lower limbs [15].

Bearing-down Pain. Regional parts: abdomen [2].

Constant Pain. Bones and musc. sys.[1]

Slow Pain. Mind and nerv. sys.[1] Regional parts: face [1].

Steady Pain. Mind and nerv. sys.[1]; eyes [3]; bones and musc. sys.[1] Regional parts: face [1]; neck and back [1].

Tired Pain. Bones and musc. sys.[1] Regional parts: upper limbs [1].

Bruised Pain. Regional parts: lower limbs [1].

Sore Pains. Alim. sys.[8]; bones and musc. sys.[6] Regional parts: neck and back [1]; abdomen [8]; upper limbs [3]; lower limbs.[2]

Burning Pain. Resp. sys.[1]; alim. sys.[2]

Aching Pain. Mind and nerv. sys.[3]; resp. sys.[1]; alim. sys.[9]; bones and musc. sys.[4] Regional parts: outer head [2]; face [1]; neck and back [8]; abdomen [10]; upper limbs [1]; lower limbs [5].

Numb Pain. Bones and musc. sys.[3] Regional parts: neck and back [1]; upper limbs [1]; lower limbs [1].

Stiff Pain. Resp. sys.[1]; bones and musc. sys.[1] Regional parts: outer chest [1]; neck and back [1].

Rheumatic Pain. Bones and musc. sys.[3] Regional parts: upper limbs [2]; lower limbs [1].

Sharp Pain. Mind and nerv. sys.[324]; eyes [16]; ears [28]; nose and throat [4]; resp. sys.[13]; circ. sys.[6]; alim. sys.[25]; gen.-urin. sys.[16]; bones and musc. sys.[72] Regional parts: outer head [23]; face [25]; neck and back [7]; outer chest [29]; epigas. and stomach [12]; hypochon.[7]; abdomen [71]; upper limbs [83]; lower limbs [111]; limbs in general [4].

Sticking Pain. Mind and nerv. sys.[4]; eyes [1]; nose and throat [1]; resp. sys.[2]; alim. sys.[1]; gen.-urin. sys.[1]; bones and musc. sys.[1] Regional parts: outer chest [3]; lower limbs [1].

Stitching Pain. Mind and nerv. sys.[48]; eyes [1]; ears [6]; resp. sys. [1]; alim. sys.[6]; gen.-urin. sys.[1] Regional parts: outer head [8]; face [4]; neck and back [1]; outer chest [1]; epigas. and stomach [5]; hypochon.[3]; abdomen [32]; upper limbs [2].

Cutting Pain. Mind and nerv. sys.[1]; alim. sys.[1] Regional parts: epigas. and stomach [1].

Shooting Pain. Mind and nerv. sys.[5]; eyes [3]; ears [20]; nose and throat [6]; alim. sys.[6]; gen.-urin. sys.[1]; bones and musc. sys.[52]; Regional parts: outer head [1]; face [1]; outer chest [2]; abdomen [3]; upper limbs [18]; lower limbs [31]; limbs in general [2].

Darting Pain. Mind and nerv. sys.[23]; ears [8]; resp. sys.[2]; alim. sys.[3]; bones and musc. sys.[52] Regional parts: neck and back [4]; outer chest [2]; upper limbs [21]; lower limbs [28]; limbs in general [2].

Stinging Pain. Mind and nerv. sys.[4] Regional parts: upper limbs [1].

Twinging Pain. Mind and nerv. sys.[12]; bones and musc. sys.[3] Regional parts: face [5]; upper limbs [4]; lower limbs [5].

Neuralgic Pain. Mind and nerv. sys.[16]; eyes [1]; ears [3]; alim. sys.[1] Regional parts: outer head [1]; neck and back [7]; outer chest [1]; upper limbs [3]; lower limbs [2].

Momentary Pain. Mind and nerv, sys.[99]; eyes [8]; ears [6]; nose and throat [1]; resp. sys [1]; circ. sys.[1]; alim. sys.[6]; gen.-urin. sys.[3]; bones and musc. sys.[52] Regional parts: outer head [10]; face [4]; outer chest [6]; hypochon.[4]; abdomen [16]; upper limbs [37]; lower limbs [35]; limbs in general.[2]

Quick Pain. Mind and nerv. sys.[2]; ears [1]; bones and musc. sys.[52] Regional parts: neck and back [2]; upper limbs [17]; lower limbs [20]; limbs in general [2].

Brief Pain. Eyes [1].

Sudden Pain. Mind and nerv. sys.[7]; eyes [2]; ears [2]; resp. sys.[1]; circ. sys.[2]; alim. sys.[1]; gen.-urin. sys.[5]; bones and musc. sys.[10] Regional parts: outer head [1]; face [3]; upper limbs [3]; lower limbs [6].

Occasional Pain. Ears [1]; resp. sys.[1]

Pain of Short Duration. Resp. sys.[1] Regional parts: face [1]; outer chest [1].

Pain Coming and Going Quickly. Gen.-urin. sys.[1]; bones and musc. sys.[4] Regional parts: abdomen [1]; lower limbs [4].

Pains Coming Quickly and Passing Gradually Away. Regional parts: outer head [1]; lower limbs [1].

Intermittent Pain. Mind and nerv. sys.[3]; resp. sys.[1]; bones and musc. sys.[2] Regional parts: neck and back [1]; outer chest [2]; abdomen [1].

Transient Pain. Mind and nerv. sys.[7]; ears [2]; resp. sys.[1]; alim. sys.[2]; bones and musc. sys.[8] Regional parts: neck and back [4]; outer chest [3]; epigas. and stomach [5]; abdomen [2]; upper limbs [2]; lower limbs [4]; limbs in general [1].

Migratory Pain. Mind and nerv. sys.[36]; alim. sys.[15]; bones and musc. sys.[1] Regional parts: outer head [9]; face [1]; neck and back [3]; outer chest [6]; epigas. and stomach [5]; abdomen [2]; upper limbs [4]; lower limbs [8]; limbs in general [1].

Fugitive Pain. Mind and nerv. sys.[3]; eyes [1]; bones and musc. sys.[1] Regional parts: neck and back [3].

Wandering Pain. Mind and nerv. sys.[3]; bones and musc. sys.[2] Regional parts: neck and back [1]; outer chest [1]; upper limbs [2].

Fleeting Pain. Mind and nerv. sys.[5]; alim. sys.[1]. Regional parts: neck and back [2]; upper limbs [1]; lower limbs [1].

Flitting Pain. Ears [1]; alim. sys.[1]; bones and musc. sys.[7] Regional parts: upper limbs [3]; lower limbs [3].

Flying Pain. Mind and nerv. sys.[2]; bones and musc. sys.[1] Regional parts: lower limbs [1].

Pulsating Pain. Mind and nerv. sys.[2]; circ. sys.[3]; bones and musc. sys.[2] Regional parts: upper limbs [5]; lower limbs [2].

Throbbing Pain. Mind and nerv. sys.[1] Regional parts: outer head [1].

Rhythmical Pain. Mind and nerv. sys.[1]; bones and musc. sys.[1] Regional parts: lower limbs [2].

Spasmodic Pain. Bones and musc. sys.[1] Regional parts: neck and back [1].

Contractive Pain. Gen.-urin. sys.[1]

Cramp-like Pain. Mind and nerv. sys.[2]; nose and throat [1]; gen.-urin. sys.[2]; bones and musc. sys.[9] Regional parts: neck and back [1]; epigas. and stomach [1]; abdomen [16]; lower limbs [7].

Colicky Pain. Alim. sys.[1] Regional parts: epigas. and stomach [3]; abdomen [12].

Griping Pain. Regional parts: epigas. and stomach [1]; abdomen [3].

Twisting Pain. Alim. sys.[1] Regional parts: abdomen [1].
Labor-like Pain. Alim. sys.[1] Regional parts: abdomen [1].
Peculiar Pain. Mind and nerv. sys.[1] Regional parts: outer head [1]; epigas. and stomach [1].
Indescribable Pain. Circ. sys.[1]
Distressing Pain. Alim. sys.[1] Regional parts: abdomen [1].
Blinding Pain. Eyes [1].
Aching. Mind and nerv. sys. [275]; eyes [34]; ears [18]; nose and throat [2]; alim. sys. [25]; gen.-urin. sys. [5]; bones and musc. sys.[61] Regional parts: face [6]; neck and back [48]; epigas. and stomach [2]; abdomen [6]; upper limbs [1]; lower limbs [9]; limbs in general [4].
Soreness. Eyes [11]; ears [5]; nose and throat [110]; resp. sys. [16]; alim. sys. [27]; gen.-urin. sys. [4]; bones and musc. sys.[8] Regional parts: face [6]; neck and back [3]; outer chest [3]; epigas. and stomach [2]; hypochon. [2]; abdomen [11]; upper limbs [1]; lower limbs [2].
Bruised Sensation. Bones and musc. sys.[2]
Tenderness. Eyes [3]; ears [3]; alim. sys. [4]; gen.-urin. sys.[1]; bones and musc. sys.[2] Regional parts: abdomen [2]; lower limbs [1].
Sensitiveness. Mind and nerv. sys. [6]; eyes [19]; ears [45]; nose and throat [7]; alim. sys.[11]; bones and musc. sys.[1]; skin [2]. Regional parts: face [3]; epigas. and stomach [1]; abdomen [3]; lower limbs [1].
Rawness. Nose and throat [11].
Cramping. Alim. sys. [13]; bones and musc. sys.[1] Regional parts: abdomen [13]; upper limbs [2].
Griping. Alim. sys.[14]
Spasms. Mind and nerv. sys. [2]; nose and throat [2].
Drawing. Mind and nerv. sys.[1] Regional parts: neck and back [1]; upper limb [1].
Contraction. Mind and nerv. sys. [4]; bones and musc. sys.[2] Regional parts: limbs in general [1].
Constriction. Mind and nerv. sys. [2]; nose and throat [8]; resp. sys.[4]; alim. sys.[1]; gen.-urin. sys.[1] Regional parts: upper limbs [1].
Tension. Mind and nerv. sys.[2]; eyes [1].
Strained Sensation. Mind and nerv. sys.[1]; eyes [8].
Distension. Mind and nerv. sys.[3]; alim. sys.[14]; gen.-urin. sys.[1] Regional parts: epigas. and stomach [3]; abdomen [11].
Swelling. Mind and nerv. sys.[2]; eyes [6]; ears [1]; nose and throat [18]; alim. sys. [10]; bones and musc. sys. [14] Regional parts: face [3]; neck and back [4]; upper limbs [2]; lower limbs [8].
Dilation. Mind and nerv. sys.[2]; circ. sys.[10]
Fulness. Mind and nerv. sys. [7]; eyes [3]; ears [10]; nose and throat [8]; alim. sys.[1]; gen.-urin. sys.[4] Regional parts: abdomen [2]; upper limbs [1].

Stuffiness. Nose and throat [16]; resp. sys.[2]
Thickness. Mind and nerv. sys.[1]; alim. sys.[1]
Weight. Regional parts: epigas. and stomach [2].
Pressure. Mind and nerv. sys. [2]; alim. sys. [10]; gen.-urin. sys.[2] Regional parts: outer chest [12]; abdomen [10].
Oppression. Resp. sys.[70]; gen.-urin. sys.[2]
Bearing Down. Alim. sys.[1]; gen.-urin. sys.[9] Regional parts: abdomen [11].
Heaviness. Mind and nerv. sys. [30]; eyes [20]; alim. sys.[6]; gen.-urin. sys.[2]; bones and musc. sys.[27] Regional parts: neck and back [1]; epigas. and stomach [5]; hypochon. [1]; abdomen [4]; lower limbs [15].
Drooping. Eyes [7].
Lightness. Mind and nerv. sys.[1] Regional parts: lower limbs [1].
Emptiness. Alim. sys.[5] Regional parts: epigas. and stomach [5].
Pulsating. Circ. sys.[9]
Throbbing. Regional parts: face [1].
Beating. Regional parts: upper limbs [2].
Palpitating. Circ. sys.[4]
Flushing. Eyes [2]; ears [6]; circ. sys.[25]
Congestion. Eyes [13]; ears [3]; nose and throat [14]; alim. sys. [2]; gen.-urin. sys.[1]
Inflammation. Eyes [7]; nose and throat [1].
Burning. Eyes [33]; nose and throat [11]; resp. sys.[1]; alim. sys.[16]; gen.-urin. sys.[27]; skin [11]. Regional parts: face [4]; hypochon.[1]; abdomen [8]; upper limbs [5]; lower limbs [2].
Heat. Eyes [5]; nose and throat [1]; alim. sys.[4]; gen.-urin. sys.[1]; skin [22]. Regional parts: face [5]; upper limbs [4]; lower limbs [1].
Coldness. Mind and nerv. sys.[4]; circ. sys.[5] Regional parts: face [1]; upper limbs [2].
Chilliness. Mind and nerv. sys.[5]; skin [3]. Regional parts: neck and back [3]; lower limbs [4].
Dryness. Eyes [20]; nose and throat [459]; resp. sys.[11]; alim. sys. [362]; gen.-urin. sys.[1]; skin [44]. Regional parts: face [20]; upper limbs [16]; lower limbs [1].
Moisture. Ears [1]; skin [5]. Regional parts: upper limbs [2].
Parching. Nose and throat [14]; alim. sys.[14] Regional parts: face [3]; upper limbs [1].
Cracking. Alim. sys.[10] Regional parts: face [2].
Roughness. Nose and throat [9]; resp. sys. [9]; alim. sys.[13]; skin [13]. Regional parts: face [4]; upper limbs [4].
Smoothness. Skin [3].
Glazed. Nose and throat [2].
Jerking. Mind and nerv. sys. [12]; bones and musc. sys.[20] Regional parts: upper limbs [1]; lower limbs [6].
Twitching. Mind and nerv. sys. [5]; eyes [12]; bones and musc. sys.[5] Regional parts: upper limbs [4]; lower limbs [5].

Jumping. Mind and nerv. sys.[3] Regional parts: lower limbs [3].

Twinging. Regional parts: upper limbs [1]; lower limbs [1].

Fluttering. Ears [1].

Snapping. Ears [5].

Tingling. Mind and nerv. sys.[15]; nose and throat [1]. Regional parts: upper limbs [1].

Tickling. Ears [1]; nose and throat [13]; resp. sys. [9]; gen.-urin. sys. [2] Regional parts: lower limbs [1].

Itching. Eyes [15]; ears [6]; nose and throat [2]; alim. sys.[2]; gen.-urin, sys. [2]; skin [54]. Regional parts: outer head [3]; face [4]; neck and back [4]; outer chest [3]; abdomen [10]; upper limbs [4]; lower limbs [14]; limbs in general [4].

Stinging. Ears [1]. Regional parts: lower limbs [1].

Smarting. Eyes [23]; nose and throat [1]; alim. sys.[4] Regional parts: face [2].

Pricking. Mind and nerv. sys.[1] Regional parts: lower limbs [1].

Scraping. Nose and throat [27]; alim. sys.[10]

Twisting. Regional parts: abdomen [1].

Restlessness. Mind and nerv. sys.[34]; bones and musc. sys.[20] Regional parts: upper limbs [1]; lower limbs [4].

Uneasiness. Mind and nerv. sys. [1]; bones and musc. sys.[1] Regional parts: neck and back [1]; abdomen [1].

Discomfort. Alim. sys.[5] Regional parts: epigas. and stomach [3]; abdomen [2].

Distress. Regional parts: epigas. and stomach [1]; abdomen [2].

Relaxation. Circ. sys.[2]; bones and musc. sys.[1]

Lassitude. Mind and nerv. sys.[2]; bones and musc. sys.[6]

Weakness. Mind and nerv. sys. [45]; eyes [4]; nose and throat [1]; resp. sys.[3]; circ. sys.[1]; alim. sys.[1]; bones and musc. sys.[44]. Regional parts: neck and back [1]; abdomen [3]; upper limbs [5]; lower limbs [17].

Fatigue. General systemic conditions [61]. Regional parts: lower limbs[1].

Tired. Mind and nerv. sys. [49]; eyes [13]; bones and musc. sys.[41] Regional parts: neck and back [4]; abdomen [1]; lower limbs [5].

Goneness. Alim. sys. [6] Regional parts: epigas. and stomach [1]; abdomen [3].

Trembling. Mind and nerv., sys.[9]; bones and musc. sys.[11] Regional parts: upper limbs [7]; lower limbs [3]; limbs in general [1].

Clumsiness. Mind and nerv. sys.[7] Regional parts: upper limbs [1].

Awkwardness. Bones and musc. sys.[4] Regional parts: upper limbs [1]; limbs in general [1].

Uncertainty in Walking. Mind and nerv. sys.[17]; bones and musc. sys.[12]

Unsteadiness. Mind and nerv. sys.[14]
Stiffness. Mind and nerv. sys.[4]; nose and throat[3]; bones and musc. sys.[23] Regional parts: neck and back[7]; upper limbs[6]; lower limbs[3]; limbs in general[4].
Lameness. Bones and musc. sys.[1] Regional parts: upper limbs[1]; lower limbs[1].
Numbness. Mind and nerv. sys.[11]; bones and musc. sys.[1]; skin[1]. Regional parts: neck and back[3]; upper limbs[9]; lower limbs[1]; limbs in general[1].
Rumbling. Alim. sys.[26] Regional parts: abdomen[15].
Rattling. Resp. sys.[7]
Stickiness. Eyes[5]; alim. sys.[36]; skin[2].
Sliminess. Alim. sys.[5]

17. Modalities

Mind. When mind is occupied choreic jerkings <.
While listening to sermon, choreic jerkings <.
Least excitement < nervousness.
Excitement makes jerkings in muscles <.
Sleep. Nap > headache.
On waking from sleep despondent.
Sleep > throat symptoms.
Sight and Eyes. Light < sensitiveness of eyes.
Light < headache.
Light < frontal headache.
Light made her feel nervous [1-2].
Looking down < sensation of dizziness.
Looking down causes sensation as though eyes were crossed.
Focusing eyes on near objects causes sensation as though cross-eyed.
Attempt to clean finger-nails made her feel light-headed.
Hearing and Ears. Noise made her feel nervous [1-2].
Slight noises cause nervous irritability.
Sounds of highest pitch caused extreme nervousness and faintness.
Noise < frontal headache [2-2].
Noise makes jerking of muscles <.
Desires. Desire to be left alone.
Desire to get by herself.
Desires to be still.
Desires to rest.
Desires to lie down [2-2].
Desire to lie quietly.
Desires to sleep.
Desires to be warm all the time.
Desires to lie well covered.
Desires to be well covered in warm room.

Desire to get cool place in bed because of hot skin.
Great desire for open air [1-3].
Desire to sigh that he may get more air.
Desire to close eyes.
Desire to keep eyes closed [2-3].
Desire to open eyes to > sensation of blurring from eyelids, which would not remain closed.
Desire to rub eyes and wink.
Desire to wink often.
Desire to wet eyes because of dry feeling.
Constant desire to pick the nose.
Inclination to contract faucial muscles to give relief to l. Eustachian tube.
Desire to swallow oftener than usual, accompanied by pain in throat, shooting to ear.
Desire to swallow continually to moisten throat.
Desire to swallow because of dryness in throat.
Desires to drink to relieve dryness of mouth, but is without thirst.
Desires to drink, from dryness of mouth, not from thirst.
Desires frequent sips of water on account of dryness of throat.
Desire to clear throat [1-2].
Desires to keep body erect to > pain in abdomen.
Desires to lean backward to > pain in abdomen.
Desire for stool absent for 3 days (very unusual).
Desire to urinate increased.
Constant desire to urinate.
Desires to keep limbs moving.
Desire to draw up legs to relieve pain and numbness.

Aversions. Aversion to study.
Disinclination to mental effort.
Disinclination to talk.
Disinclination to make any exertion.
Aversion to all work.
Aversion to exertion of any kind [2-2].

Appetite. Craves coffee, which is unusual.
Disgust for food.
Aversion to meat.
Aversion to anything that needs chewing.

Thirst. Desire to drink.
Desire for water.
Desire for cold water.
Desires to drink a whole glass of water at a time.
Drinking water > thirst only while drinking.
Water aggravates thirst.
Acid drinks quench thirst not satisfied by water.
Cider quenches thirst not satisfied by water.

Eating. *Eating* apparently > symptoms.
Eating ↗ dullness in head.
Eating ↗ right-sided headache.
Eating ↗ frontal headache.
Eating < headache.
Eating < frontal headache.
Eating < aching and smarting in eyes.
Swallowing < soreness in throat extending to ears.
Swallowing causes sharp pain in throat shooting to r. ear [1-3].
Swallowing causes snapping in ears.
Swallowing causes sharp pain in throat shooting to l. ear [1-3].
Swallowing < pain in throat.
Swallowing < painful dryness in throat.
Swallowing < soreness of throat.
Swallowing < dryness, soreness of pharynx.
Eating sweets > dryness of mouth.
Eating > dryness of throat [2 2].
Eating > sore throat.
Eating > dryness and soreness of throat.
Eating < sour taste in mouth [1-5].
After meals peculiar, sour taste in mouth.
Swallowing soft food < constriction of esophagus.
Eating ↖ nausea.
Eating > nausea.
Nausea ↖ between meals.
Inability to eat anything sweet or sour.
After supper sour eructations.
After eating empty sensation in stomach.
Eating is followed by peculiar, gone sensation.
After each meal sensation of emptiness in stomach.
After each meal sensation as if stomach were full of air.
Eating causes cramping pain in umbilical region.

Drinking. Drinks water to moisten dry mouth and not to [illegible]

[illegible]

Smoking. [illegible]

Rest. Rest > headache.
Keeping quiet > headache.
Keeping quiet entirely > pain in region of heart.
Keeping quiet > nausea.
Rest > abdominal symptoms.
Rest stops pain in back.
Rest > pain in middle of back.
Rest > pain running downward and outward from spine to r. ileum.
Rest > pain in lumbar region.
Rest > aching pain in patella.
Rest > aching pain in ankle.

Position. Standing < headache.
Standing < dizziness.
Standing causes drawing sensation from nape of neck to feet.
Standing < pain in middle of back.
Standing < aching pain all over back.
Sitting > headache.
Sitting quietly < sharp pains in all parts of the body.
Sitting stops pain in back.
Sitting doubled up > spasmodic pain in lumbar region.
Sitting < dull aching in sacrum.
Sitting < dull aching in anus.
Sitting < jerking in legs.
After sitting legs twitch.
Lying down > dyspnea.
Lying down > pain in abdomen and back.
Lying down stops pain in back.
Keeping body erect > pain in abdomen.
Upright position < spasmodic pain in lumbar region.
Bending head backward > pain in head.
Leaning backwards > pain in abdomen.
Throwing shoulders forward relieves heaviness in epigastrium.
Stooping causes vertigo[2-3].
Stooping < throbbing headache.
Bending over causes pain in chest.
Bending body forward < difficulty in breathing.
Bending body forward < irritation in upper chest.
Bending forward < cough.
Bending over < pain in abdomen.
Doubling up > cramping pain in abdomen.
Crossing knees < pain in thigh.

Motion. Motion < pain in head.
Motion < dull headache.
Motion < frontal headache.
Motion < pain in head at lamboid suture.

Eating. Eating apparently > symptoms.
Eating > dullness in head.
Eating > right-sided headache.
Eating > frontal headache.
Eating < headache.
Eating < frontal headache.
Eating < aching and smarting in eyes.
Swallowing < soreness in throat extending to ears.
Swallowing causes sharp pain in throat shooting to r. ear [1-3].
Swallowing causes snapping in ears.
Swallowing causes sharp pain in throat shooting to l. ear [1-3].
Swallowing < pain in throat.
Swallowing < painful dryness in throat.
Swallowing < soreness of throat.
Swallowing < dryness, soreness of pharynx.
Eating sweets > dryness of mouth.
Eating > dryness of throat [2-2].
Eating > sore throat.
Eating > dryness and soreness of throat.
Eating < sour taste in mouth [1-5].
After meals peculiar, sour taste in mouth.
Swallowing soft food < constriction of esophagus.
Eating < nausea.
Eating > nausea.
Nausea < between meals.
Inability to eat anything sweet or sour.
After supper sour eructations.
After eating empty sensation in stomach.
Eating is followed by peculiar, gone sensation.
After each meal sensation of emptiness in stomach.
After each meal sensation as if stomach were full of air.
Eating causes cramping pain in umbilical region.

Drinking. Drinks water to moisten dry mouth and not to quench thirst.
Drinking does not > dryness of mouth and throat.
Cold water does not > dryness of mouth and throat.
Drinking water does not > dryness of mouth and naso-pharynx.
Drinking water does not > dryness of mouth and throat [2-2].
Drinking does not > dryness of throat [3-3].
Drinking large glass of water does not > dryness of throat.
Drinking temporarily > dryness of mouth and throat.
Hot drinks > sore throat.
Drinking causes pain in throat [1-3].
Drinking causes a feeling of rawness in throat.
Swallowing liquids < constriction of esophagus.
Drinking sips of water causes nausea.

Smoking. Smoking < headache.
Smoking < dryness of throat.

Rest. Rest > headache.
Keeping quiet > headache.
Keeping quiet entirely > pain in region of heart.
Keeping quiet > nausea.
Rest > abdominal symptoms.
Rest stops pain in back.
Rest > pain in middle of back.
Rest > pain running downward and outward from spine to r. ileum.
Rest > pain in lumbar region.
Rest > aching pain in patella.
Rest > aching pain in ankle.

Position. Standing < headache.
Standing < dizziness.
Standing causes drawing sensation from nape of neck to feet.
Standing < pain in middle of back.
Standing < aching pain all over back.
Sitting > headache.
Sitting quietly < sharp pains in all parts of the body.
Sitting stops pain in back.
Sitting doubled up > spasmodic pain in lumbar region.
Sitting < dull aching in sacrum.
Sitting < dull aching in anus.
Sitting < jerking in legs.
After sitting legs twitch.
Lying down > dyspnea.
Lying down > pain in abdomen and back.
Lying down stops pain in back.
Keeping body erect > pain in abdomen.
Upright position < spasmodic pain in lumbar region.
Bending head backward > pain in head.
Leaning backwards > pain in abdomen.
Throwing shoulders forward relieves heaviness in epigastrium.
Stooping causes vertigo [2-3].
Stooping < throbbing headache.
Bending over causes pain in chest.
Bending body forward < difficulty in breathing.
Bending body forward < irritation in upper chest.
Bending forward < cough.
Bending over < pain in abdomen.
Doubling up > cramping pain in abdomen.
Crossing knees < pain in thigh.

Motion. Motion < pain in head.
Motion < dull headache.
Motion < frontal headache.
Motion < pain in head at lamboid suture.

Motion < light feeling in head.
Motion < pain in eyeballs.
Motion < aching in eyeballs [2-2].
Motion < pain in throat.
Motion < pain in chest.
Motion < pain from chest to back.
Motion < pains in region of heart.
Motion < nausea [2-2].
Motion < nausea and vomiting.
Motion < abnormal symptoms.
Motion < cramping pains in umbilical region.
Motion < pain in r. inguinal region.
Motion < pain in pelvic region.
Motion < cramping pain in region of bladder.
Motion < muscular pains [2-2].
Exercise causes pain in l. arm and shoulder.
Motion < dull, aching pain in l. shoulder.
Motion < backache.
Motion starts pain in back.
Motion < pain running downward and outward from spine to r. ileum.
Motion > aching in lumbar region.
Motion < pain across hips and back.
Moving < pain in back and legs.
Motion > aching in legs.
Motion > stiffness and lameness in knees.
Motion > sharp pain in knee joints.
Motion < weakness in legs.
Rising, after sitting awhile, < aching and stiffness in all the larger joints.
Gaping causes pain in r. groin.
Gaping < sharp pain back of l. nipple.
Dropping jaw causes snapping in Eustachian tube.
Efforts to clear throat < scraping sensation.
Hawking and singing < sensation of dryness and scraping in throat.
Hawking and clearing throat < dryness and scraping.
Breathing causes sticking pain in r. chest.
Breathing excites coughing [2-2].
Deep breathing causes pain in chest [2-2].
Deep breathing < soreness in sternum.
Deep inspiration < pain back of l. nipple [1-2].
Deep breathing excited cough.
Deep breathing causes pain in r. groin.
Inspiration causes heart to beat faster than expiration.
Expiration causes sticking pain in chest.
Expiration < sharp pain back of l. nipple.
Expiration causes sharp pain in r. side just below last rib.

Coughing causes pain in throat.
Violent coughing causes pain in r. side of head.
Walking < dizziness.
Walking causes vertigo.
Walking < dimness of vision.
Walking < dryness in throat.
Walking < sore feeling in abdomen.
Walking < abdominal symptoms.
Walking causes pain in back.
Walking < pain in middle of back.
Walking < spasmodic pain in lumbar region.
Walking causes pain in r. hip.
Walking < rheumatic stiffness in thighs.
On beginning to move rheumatic stiffness in thighs <.
Walking < sharp pain in uterus.
Walking about > jerking in legs.
Walking > restlessness in legs and feet.
Walking causes pain in knees.
Walking < aching pain in patella.
Walking causes knees to feel shaky.
Walking causes knees to give way with a jerk.
Walking < aching pain in ankle.
Walking causes sensation of feet slipping from under him.
Walking causes sharp pain in sole of foot.
Backward step > drawing sensation from neck to feet.
Jar < headache.
Exertion < cough.

Time. 1 a. m. Colicky pain in pubic region followed by diarrhea; thin, yellow stool; stool pasty, large amount of flatus.

2 a. m. Lay awake 2 hrs. with very active thoughts which were beyond control; violent, intermittent, cramping pain in l. side of abdomen (descending colon).

3 a. m. Thin, yellow stool; greenish-brown stool preceded by pain > afterward.

4 a. m. Urgent, watery, painless stool; awoke from sleep with fluttering of heart.

After daybreak awoke frightened with dream of fire.

5 a. m. Greenish-brown stool preceded by pain > afterward; two diarrheic stools; driven from bed by sudden, urgent, diarrheic stool.

5:30 a. m. Pain in epigastric region; pain in bladder.

Latter part of night, sleep restless; disturbed sleep.

6 a. m. Thin, yellow, watery stool.

6 to 6:30 a. m. Only good sleep during night.

6:30 a. m. Mouth dry with bad taste; stool partly watery.

On waking: dull headache; severe headache > after rising; tired and sleepy; posterior portion of eyeballs seems sore;

lids stuck together; both eyes look small and swollen; conjunctiva injected; eyes pained and blurred [1-2]; back began to ache; legs seemed very tired.

During night: buzzing tinnitus in ears <; increased urination; backache <.

Early morning: wakefulness; poor sleep; awoke from restless sleep; very restless; itching between ear and throat both sides; sore throat <; wheezing [1-3]; watery evacuations [1-4].

On rising: after good night's sleep feel very tired and like returning to bed; very tired; dull and tired feeling; headache; slight frontal headache; frontal headache; right-sided, supraorbital headache; eyes feel as if half closed; both eyes congested, l. especially, passing off in an hour or so; very bad taste in mouth; slight sore throat; sore throat [1-3]; upper part of chest wheezy, with difficulty in breathing [1-3]; shooting pains up and down neck; stiff neck [1-3]; sore pain across shoulder-blade; pains in back, especially in scapula; pain under border of last r. rib; large, soft stool with pain in abdomen; slight pain in back of legs.

After rising: dull, frontal headache.

Morning: dizziness; white of eyes congested, especially l.; lachrymation < [1-3]; dryness of throat <; hoarseness < [1-6]; difficulty in breathing [1-6]; cough < [2-7]; out of doors cough <; putrid taste in mouth <; watery stool; diarrheic stool [1-3]; loose stools [3-4] without pain [1-2]; pain in abdomen [1-4]; burning all over body <.

7 a.m. Awoke with headache and feeling of mental fatigue; pharynx full of viscid mucus; loose stool; painless, diarrheic stool; stool with explosive flatus; greenish-brown stool preceded by pain > afterwards; soft, yellowish stool with offensive odor; mushy, offensive stool.

7:30 a.m. Pain in l. chest just above breast; diarrheic stool.

After breakfast: slight nausea and discomfort; diarrheic stool.

8 a.m. Overpowered by sleep; sharp pain in occiput running over to l. eye; colicky pain in epigastrium; cramps in bowels; stool not constipated; very loose stool; diarrheic stool [1-3]; watery stool with explosion of flatus.

8:30 a.m. Frightened feeling; pain in l. temple; piercing pain in l. temple; sharp pain in l. brow.

9 a.m. Loose stool with much flatus; throat very dry; pain in back of legs < on moving; ringing in r. ear; copious, semi-fluid stool; stool preceded by colicky pains.

9:30 a.m. Ringing in l. ear; pain in neck and shoulder; chill up the spine [1-2].

9:45 a. m. Peculiar, shooting pain, chiefly occipital.
10 a. m. Drowsy.
10 a. m. to 2 p. m. Short, restless naps.
10 a. m. Began to feel very weak and tired; oppressive headache in l. temporo-frontal region; headache over r. eye; burning in urethra before and during urination; cramp in l. hip; pain in l. thigh to knee.
10:30 a. m. Pain in hypogastrium; diarrheic stool; sudden, urgent stool.
11 a. m. Dull, frontal headache [3-5]; right-sided headache; occipital headache.
11 a. m. to 2 p. m. Severe frontal headache.
11 a. m. Feeling as if cold water were running down inside the legs; ringing in l. ear; pain in region of heart [1-2]; loose stool with urging; stitching pain in back, l.
11:30 a. m. Feels dull and drowsy; sharp and contracted pain in r. ovary (repeated at 2, 4, and 5:30, and twice between 6 and 8 p. m.); twinges in l. arm; twinges in l. calf.
11:30 a. m. to 2:30 p. m. Dullness and drowsiness <; chest symptoms more pronounced; other symptoms <; all symptoms <.
Forenoon: Symptoms seem <; very drowsy; feels very tired; headache; slight pain in abdomen relieved by stool; 3 movements preceded by pain; large, constipated, brown stool; intense desire to urinate; burning in urethra while urinating [2-2] and a short time afterwards; pain under r. scapula till noon.
Daytime: sleepy sensation during day.
12 m. Headache; slight headache; eyes blurred; dull pain in chest; face flushed and hot; slight nausea; peculiar pain around stomach following loose stool after straining, with much flatus; diarrheic stool; small, constipated stool; sharp pain under l. scapula; weak feeling in legs.
12:30 p. m. Stooping causes vertigo; sharp pain in l. eye.
12:45 p. m. Stool small, yellowish lumps.
1 p. m. Vertigo on walking; throbbing in occiput while lying down; mouth parched; colicky pain all over abdomen; difficult breathing; face flushed r.; stitching pain in back l.; pain in l. hip <; drawing pain from above to below l. knee.
1:20 p. m. Slight frontal headache; face congested; pain and aching all over abdomen; feeling of weakness in arms, hands, and lower extremities.
1:30 p. m. General headache; frontal headache; pulse very variable; feels as if heart would stop beating; ineffectual urging to stool; pain in l. thigh <; pain in l. thigh to knee.

1:45 p. m. Hands and fingers stiff.

2 p. m. Great mental depression; weak, nervous and restless; smarting and burning in eyes; fulness in throat; throat dry, parched, and scratchy; steady pain in heart; circulation slow; face flushed but not forehead; face red, hot, and flushed; watery stool; watery stool, sour in odor; constipated stool; sharp pain in l. temple; soreness in l. temple, > open air; soreness in upper l. arm; dull, aching pain in lumbar region; transitory, cramp-like pain in l. hip; severe pain down l. leg from hip; pain in l. knee; loss of power in l. leg; legs feel as if cold water were running down inside them.

2 to 4 p. m. Flushing of face [1-6].

2 to 5 p. m. So sleepy was kept awake with difficulty.

2:15 p. m. Dull, frontal headache.

2:30 p. m. Vertigo upon rising; momentary, heavy pain in both eyebrows; piercing pain in l. temple to eye; heat in face; blotchy redness of face; much frothy saliva in mouth; weight in epigastrium; pain across neck between shoulders; sharp pain in l. hip.

2:45 p. m. Pain in hypochondria.

3 p. m. Boring pain in l. temporo-frontal region as of pressure with knuckles; frontal headache relieved by naps; nervous, hurried feeling; very tired, had to lie down and rest; burning and smarting in both eyes; rush of blood to head; constant rush of blood to head with red face; diarrheic stool [1-3]; severe pain in ileo-cecal region; backache <; rheumatic stiffness in thighs <; till night chills up and down back.

3 to 4 p. m. Symptoms <.

3:15 p. m. Mouth parched and dry.

3:30 p. m. Frontal headache extending to occiput and back of ears; sounds in r. ear like bells; fulness in thorax.

3:35 p. m. Slight pain over l. eye; slight pain over r. patella.

3:45 p. m. Boring pain in l. temporo-frontal region.

4 p. m. Slight headache in r. supraorbital region; right-sided headache; sharp pain in centre of occiput; headache continuing until bedtime; very sleepy; slept; pain over l. eye; eyes feel as if full of sand; eye symptoms <; ringing in r. ear; throat commenced to be sore; weak sensation all over similar to that once felt when tonsilitis was developing; nausea for 2 hrs.; dull, pressing pain in epigastrium; pain in abdomen; sharp pain in l. inguinal region; diarrheic stool; burning in urethra before and after urination; pain down thighs lasting 5 hrs.; pain in back of legs.

4 to 8 p. m. Soreness and aching in epigastric and umbilical regions; uneasy feeling in lumbar region.

4:30 p. m. Marked sensation of dizziness; twinges in l. temple; sudden pain through l. ear into temple; itching in both eyes; distress in stomach; loose stool with much flatus; twinges in l. shoulder; sharp pain from l. shoulder down arm; weakness in legs; twinges in both knees.

5 p. m. General headache; frontal headache in waves; dull pain at point just above r. eyebrow; saliva white as snow, frothy and very sticky; sharp pain in epigastric region; colicky pains in abdomen; pain under l. scapula.

5:15 p. m. Sour eructations with nausea; urine passes with difficulty.

5:45 p. m. Vomiting and distress at stomach.

Afternoon: memory defective; stupid feeling <; great depression without cause; dull headache; headache $<^{2-2}$; frontal headache $^{2-3}$; dull, parietal headache; very weak; prostration increased; weary, tired feeling; tired and sleepy feeling; sleepy; awoke from sleep with uncomfortable feeling in throat; aching and smarting in eyes $<^{1-2}$; smarting and burning in eyeballs $^{1-2}$; eyes blurred; hoarseness and scrapy feeling in throat; saliva white as snow, frothy and very sticky; sharp, burning pains in chest with each breath; dull, steady pain in whole heart; face flushed <; heavy pain in abdomen; pain in ileum beginning in p. m., < in evening; flatulence <; bowels loose; 3 soft stools; diarrheic stools $^{1-3}$; loose stool without pain $^{1-2}$; painless diarrhea with excoriation; sexual desire increased; burning sensation about uterus; burning sensation about bladder; prickly rash all over body; sensation of relaxation of muscular and vascular system < in evening; aching in joints; stiffness and aching in all the larger joints < motion; stiffness and aching in every joint; aching between shoulder blades; rheumatic stiffness in thighs >; numbness in legs; chilly sensation.

6. p. m. Piercing pain in l. temple; pain in r. eyebrow; chill running up spine with numbness of back; pain in r. upper chest; redness in face; "belching of wind"; unusual flatulence in abdomen; cramps in abdomen; cramping pain in pubic region; stiffness in joints; twinges in l. shoulder; backache $^{1-2}$; drawing pain in l. hip joint; twinges in l. hip; sticking pain in legs; twinges in l. knee; backache >; other symptoms >.

When sun goes down generally feels better.

6:30 p. m. Diarrheic stool followed by pain.

7 p. m. Sharp pain behind l. eyeball; thin, watery stool;

all the faculties appear alert "as after drinking coffee." (second day after drug discontinued); pain in l. shoulder; sharp pain in l. shoulder joint; sharp pain in r. knee; neuralgic pain encircling l. ankle.

7:15 p. m. Pain in eyes; sounds in r. ear like distant bells; pain in l. jaw.

7:30 p. m. Pain in abdomen; pain across shoulders; pain under l. scapula; cramp in l. hip; drawing pain in legs.

8 p. m. Sharp pain in l. temple; pain in l. crural nerve; sharp pain in l. eyeball; throat constricted from ear to ear as though choked by the hands; throat congested; pressive pains in heart; vomiting and distress at stomach; cramps in abdomen; dull pain in lower abdomen followed and relieved by diarrheic stool; aching in r. inguinal region; ankle cramp, r.

8:30 p. m. Sharp pain at apex of heart; cramping, colicky pain in abdomen; pain in hypochondria; profuse, watery stool; diarrheic stool; sore pain in l. hip.

8:45 p. m. Cramping pains in region of bladder.

9 p. m. Head feels too heavy for neck; eyes blurred; throat very sore < r.; throat very sore on swallowing; stomach feels distended and sore; colicky pain in epigastrium [1-2]; offensive, green stool; pain between neck and shoulder; aching in muscles back of scapula; prickly rash on body.

9:30 p. m. Eyes blurred.

Evening: symptoms < towards night; dryness; tried to study, but could not collect thoughts; headache < [2-2]; frontal headache [1-2]; frontal headache, delirium; boring pain in l. temporo-frontal region as if pressed in by knuckles; dull headache in temples; choreic jerkings <; eye symptoms <; cough; dull, steady pain in whole heart; heartburn; stiffness and aching in every joint; twinges in l. arm; backache; other symptoms >; backache in lumbar region [1-2]; twinges in l. hip; unrefreshing sleep with dreams of troubles and calamities; ankles swollen [1-3]; chilly sensation.

10 p. m. Frontal headache; sick feeling all over; vertigo and tendency to fall when closing the eyes; pharynx dry; throat painfully sore and feeling like "narrow, sore ring"; difficulty in breathing; pain about heart; much nausea; pain in stomach; pain in abdomen and lower bowels; diarrheic stool; liquid stool; sudden, urgent, watery stool; loose, watery stool; burning in anus; burning in urethra; bright red eruption appeared, inclined to be pustular.

Two nights, lying down, pulsation through subclavian artery extending up and down toward arm.

11 p. m. Profuse, diarrheic stool; large, watery and very fetid stool; cramp-like pain in l. hip.
11:30 p. m. Diarrheic stool with flatus.
Early night: sleep restless.
Midnight: dizziness; sleeplessness; talking in sleep; contractions in all parts of the body.
After midnight awoke 3 times frightened by vivid dreams [2-2].
Middle of night: hysterical; sat up in bed and dug head fiercely; tearing her hair.
Night: aggravated, sharp pains shooting to ears; darting pains in wrists and shoulders; dryness of throat <; cough <; limbs restless; restlessness <; intense itching and burning all over body [1-2].

Temperature and Weather. Cold air > headache.
Cool air > photophobia.
Cold air causes tears to overflow cheeks.
Cold air causes watering of eyes [2-2].
Cold air greatly < pain in lower jaw.
Cold air aggravates cough [1-2].
Cold air causes cough.
Cold air < soreness in chest.
Cold air < wheezing in chest.
Cold air < stitching pain in abdomen.
Cold wind makes throat feel raw.
Cold wind < throat symptoms.
Cold water > intense itching of vulva.
Cold water < itching and burning all over body.
Cold bath < macular-papular eruption.
Cold drink < stitching pain in abdomen.
Heat < headache.
Heat < nausea.
Hot applications > pain in ears.
Heat > pain in abdomen.
Covering head > headache.
Getting warm < rash on chest.
In warm room dizziness <.
In warm room feels <.
Warm room makes auricles both warmer and redder than usual [1-4].
In well-warmed room hoarseness <.
Warm room causes sneezing on returning from cold air.
In well-warmed room speaking difficult.
Heated room makes speaking difficult.
Heat of room induces hoarseness.
On entering house < difficulty in breathing.
Indoors: especially hard to concentrate thoughts.
Indoors: frontal headache <.
Indoors: aching sensation in eyes <.

Indoors: difficulty in breathing <.
Indoors: throat and nasal symptoms <.
Indoors: nausea <.
Out of doors: symptoms >.
Out of doors: thinks all symptoms >.
Out of doors: feels >.
Out of doors: easier to concentrate thoughts.
Out of doors: headache >.
Out of doors: sensation of soreness in l. temple >.
Out of doors: burning in eyeballs <.
Out of doors: aching and smarting in eyes >.
Out of doors: photophobia >.
Open air: feels >.
Open air causes feeling of vertigo or light-headedness [1-2].
Open air: headache >[2-6].
Open air: frontal headache >.
Open air causes burning in eyeballs.
Open air: throat and nasal symptoms >.
Open air: dryness of larynx >.
Outside air causes wheezing in upper part of chest.
Open air < pain in chest.
Outside air greatly < cough.
Outside air < soreness in chest and throat.
Open air > nausea [1-3].
Damp air < cough.

Perspiration. Profuse perspiration on waking, and seem to feel better in consequence.

Attack. **Mind and Nervous System.** For nine days: headache all day.
For four days: pain in temporo-frontal region as if pressed in by knuckles.
For many days: slowness of mentality.
For three days: stupid feeling.
Attacks of headache coming and disappearing quickly [2-2].
Attacks of frontal headache coming on in waves.
Attacks of frontal headache appearing 45 minutes after 30 d. ϕ and disappearing after about 3 hrs.
Attack of frontal headache $\frac{1}{2}$ hr. after taking drug.
Attack of headache after straining at stool.
Attack of headache after doing some housework.
Attack of headache after breakfast.
Paroxysm of headache focusing in r. eye as if it were going to burst open with pain.
For three days: inclined to be discouraged.
For two days: difficulty in concentration.
On three days: superficial, stinging pains in various parts of body.
On six days: sharp pain from l. temple into and through l. eyeball.

On seven days: pain in r. ear.
On three days: sharp, stitching pains in r. face.
On eight days: sharp, momentary, stitching pains in back of head.
On four days: pain across neck and shoulders.
On three days: fugitive pains in shoulder muscles on r. side.
On four days: sharp, stitching pains in stomach.
On three days: sharp, stitching pains in r. side of abdomen.
On three days: sharp, neuralgic pains down l. arm to hand.
On ten days: sharp, momentary pains in r. wrist.
On three days: sharp, momentary pains in r. leg.
On eight days: pain in l. hip.
On six days: pain in l. thigh.
On four days: sharp, shooting pain over r. knee.
On four days: pain in l. knee.
On three days: pain in r. foot.
On six days: felt nervous.
On three days: disposition irritable.
For five nights: restless all night.
For three nights: nervous and restless.
All day for two days: muscles of l. arm twitching.
For twelve days: twitching and jerking of individual muscles, especially in legs, continued in various forms.
For four days: felt very dull.
For four days: heavy feeling all over body.
For nine days: left leg heavy.
For three days: clumsiness, hands feel stiff and full.
For three days: very weak.
For three days: weak all over.
For three days: very weak feeling all over.
On three days: sensation of faintness as from hunger.
For seven days: felt tired and worn out.
On three days: feeling of light-headedness.
On three days: sense of light-headedness as from deep and hard breathing.
On three days: vertigo, with sensation of faintness as from hunger.
On three days: steps unsteady.
On six days: slight tingling in spine.
On three days: numbness in r. shoulder and hand.
For three days: sensitive to cold air.
On three days: legs felt as if cold water were running down in them.

Eyes. On six days: feeling as though "curtain" were in front of eyes.

For seven days: print looked blurred.
For three days: eyes blurred.
For three days: vision blurred.
For three days: blurring of vision.
For three days: blurring of eyes on reading.
For three days: in order to read page must be held at distance of 1½ to 2 ft.
For four days: must hold print at arms length in order to read at all.
For five days: inability to read.
For three days: she saw double in reading.
For four days: pain in eyeballs.
On three days: pain over r. eye extending over whole forehead.
For three days: much steady pain in eyes.
On six days: sharp pain in l. temple extending into and through l. eyeball.
For four days: aching of middle third of face, including eyeballs.
For four days: aching in eyeballs < motion.
For seven days: dull, frontal headache, with aching in eyes and in eyeballs.
For three days: strained sensation in head and eyeballs.
For four days: strained feeling in eyes.
On seven days: twitching of r. eyelid.
On three days: sensation as though l. eye were smaller than r.
On three days: sensation of burning in r. eyeball.
For nine days: veins of fundus slightly full.
For four days: vessels of fundus hazy and full.
For eleven days: veins of fundus tortuous on both sides.
For thirty-three days: discs slightly hazy in outline on both sides.

Ears. On six days: momentary, sharp, stitching pains in r. ear.
On three days: pain in upper teeth darting to ears.
On three days: little, shooting pains in ears < l.
For eight days: sore throat with sensation of fulness alternately in l. and r. ears.
On three days: sharp, shooting pains extending toward r. ear upon swallowing, < nights.
For four days: sense of fulness or internal pressure in l. ear.
On four days: both ears ache a little.
For nine days: ears ache deep in head, < l.
On three days: ringing in ears, < r.
On five days: buzzing in r. ear.
On three days: buzzing in both ears, < r.

For five days: all day and < evening, buzzing in both ears.
For three days: noise and confusion in ears.
During four days: snapping in both ears every time she swallowed.
For twelve days: ears hyper-sensitive to noises.
For four days: when in warm room auricles both redder and warmer than usual.
For five days: l. ear sensitive to touch. [Slightly congested. — Ex.]
For five days: felt as if people did not enunciate clearly in speaking when they were near; voices seemed clearer when heard at some distance.
For five days: her own voice resounds.
For three days: sensation of fulness from ear to ear.

Nose and Throat. For three days: all mucous membranes of upper air passages dry.
For five days: dryness of mucous lining of mouth without marked decrease of secretion.
For three days: mouth dry; has to drink water to moisten.
For three days: mouth and lips parched.
For six days: painful dryness of mouth.
For five days: painful dryness of throat.
For three days: lower part of throat especially dry, with difficulty in swallowing.
For four days: throat parched.
For four days: marked dryness of throat.
For five days: sensation of heat in mucous lining of mouth and throat.
For six days: scraping in back of pharynx.
For three days: base of tongue sore.
For three days: tonsils sore.
For three days: nose dry and feels stopped up.
Had four attacks of profuse nose bleed after discontinuing drug.
For three days: soreness of throat, with sharp pain shooting toward r. ear upon swallowing, < nights.
On three days: pain in throat caused by drinking.
For ten days: redness of throat.

Respiratory System. For four days: much dryness of throat in warm room.
On three days: tickling in upper trachea, just above sternum, causing cough.
For three days: pains in l. side of chest (all day).
For eight days: upper part of chest very sore inside, for three days < inhaling cool air.
For four days: oppressive soreness in r. upper chest, not to touch, not < deep breathing.

On three days: oppressed, tight feeling in chest, continuing through day as if a cold were coming on.
For fifteen days: heaviness about chest.
For three days: feeling of heaviness in r. side of chest.
For seven days: pressure on chest.
For three days: shortness of breath.
For nine days: heavy feeling in chest at times, < in upper anterior portion.
For four days: breathing felt oppressed as from asthma.
For three days: chest wheezy, with very little mucus dislodged.
For three days: coughing, which became painful, both indoors and in outer air.
For three days: cough worse nights.
For four days: oppressed feeling in upper part of chest, with impulse to cough with almost every other breath, the cough relieving for a few seconds only.
Circulatory System. On four days: slight pain in region of heart.
On three days: a great deal of sharp pain in region of heart, on two days < motion and entirely > keeping quiet.
On four days: when in warm room auricles both warmer and redder than usual.
For nine days, at various times during day: sensation as if heart were enlarging, seemed as it were actually undergoing dilation.
Alimentary System. For three days: dryness of mucous membrane and mouth.
For five days: sensation of dryness and heat in mouth and throat with marked decrease of secretion.
For three days: very dry feeling in throat, > a few seconds only by sips of water.
For four days: pharyngeal mucous membrane intensely dry, causing great thirst.
For six days: dryness with scraped feeling in back part of pharynx, impossible to swallow anything dry without partaking of fluid at same time.
For three days: saliva very sticky.
For five days: roughness of throat on swallowing.
For seven days: swelling and hardness of submaxillary glands.
For three days: putrid taste in mouth, with slimy mucus, < mornings.
For three days: back part of tongue slightly coated.
For three days; heavy, dirty-white coating on back part of tongue, and slightly in front.
On two successive weeks: papillæ of tongue prominent, with clear triangle at tip.

Every time he took food had to take a drink of milk or water to wash it down.
For four days: sweets (food) thickened saliva so that swallowing was difficult or impossible without water.
For three days: increased thirst.
For three days: very thirsty.
For three days: belching of wind for several minutes at irregular intervals during the day.
For three days: nausea < indoors, not present when riding in the open.
For twelve days: extreme nausea.
For three days: sick feeling at stomach when empty.
For three days: nausea > motion.
For three days: nausea all day.
For three days: colicky, cramping, sore, aching pains at umbilicus and across abdomen below umbilicus.
For five days: roughness in throat on swallowing.
For four days: pain in throat on swallowing.
For three days: drinking caused pain in throat.
For six days: appetite poor (usually excellent).
On four days: sharp, migratory, stitching, momentary pains in stomach.
On four days: pain in stomach, followed by gagging.
On three days: sharp, migratory pains in r. side of abdomen, also in lower part of abdomen.
On four days: sharp, migratory pains all over abdomen.
On three days: increased peristaltic action of the bowels.
On three days: small, soft papule on frenum of tongue, with slight feeling of soreness like canker.
For three days: weak and gone feeling in abdomen.
Genito-Urinary System. For ten days: had to strain and force urine from bladder.
For five days: difficulty in starting urine.
For six days: urine passed slowly (two provers).
For three days: urine passed in small stream.
For six days: urine passed in small stream.
For six days: burning in urethra.
For four days: burning in urethra while urinating.
For five days: feeling of inflammation about uterus.
For three days: feeling of inflammation about bladder.
For three days: penis small and relaxed (a pretty constant symptom during proving).
For four days, throughout menstrual period: a fluttering of l. ovary (normal) was very pronounced.
For six days: leucorrhea like partially boiled white of egg, for four days, stiffening linen.
For five days: slight tenderness of both ovaries.

For three days: uterus very sore to touch.
For seven days: vagina very tender.
Urine. Occurred several times: an odor like onions or garlic, which was never noticed before by prover.
For eight days during proving: trace of albumen.
In last three analyses: trace of albumen appeared.
Toward last of proving: faint traces of albumen appeared.
Bones and Muscular System. Alternating: strong pains flying from l. knee to foot and back again.
On four days: cramp-like pain, coming and going suddenly, in l. hip.
On four days: shooting or darting pains, quick, sharp and momentary in r. foot, also for three days in l. foot.
For three days: tired backache.
For five days: aching over entire back.
For fourteen days: felt restless, heavy and tired.
For five days: felt tired all day, worn out and good for nothing.
For three days: general tired feeling.
For eight days: l. leg heavy.
For three days: very weak feeling all day, could scarcely walk.
Skin. For ten days: skin very dry, with heat and redness.
For three days: itching as if something were biting on back, for nine days on abdomen, for seven days on legs, and for six days over whole body; but no eruption apparent (never subject to itching of skin, but the foregoing symptoms extended over a period of 14 days).
For three days: a petechial rash on chest, with slight itching.
For three days: an eruption under r. lower jaw.
Continuing three days: a petechial rash, becoming fine pustules on chest.
For ten days: pimples on forehead, face, and scalp, which felt sore, without itching.
For four days: papular eruption over upper part of sternum.
For ten days: dryness of skin over entire body.
General Systemic Conditions. For four days: heavy feeling all over body.
For four days: abnormally sleepy all day.
For six nights: slept badly.
For three nights: nervous and restless in night, waking several times (uncommon).
For three days: general tired feeling.
For five days: felt tired all day.
For three days: very weak feeling all day.
For three days: prostration.
For three days: general irritability.

On four days: nervous chills running up spine.
For three nights: desire to lie with plenty of covering although nights were warm.
For four days: sensation of chillness much of the time.

Periodicity. **Mind and Nervous System.** On four days: frontal headache at 2 p. m.
On two days: frontal headache at 11 a. m.
On two days: occipital headache at 6:30 p. m.
On two days: temporal headache at 6:30 p. m.
On two days: frontal headache in evening.
On three days: depressed in evening.
On eight days: blue in evening.
On eight days: awoke very tired.
On two days: awoke at 4 a. m.
On two days: slept in p. m.
On nine nights: troubled dreams all night.
On three nights: dreams of trouble.
On two nights: dreams of quarrelling.
On two nights: distressing dreams.
Every ten minutes for an hour after evening dose: sharp pains back of arm from shoulder to elbow, coming and going suddenly.
For four days: awoke tired with backache.
Several times, especially 3 and 5 a. m.: awoke with a jump, and jaws set so tightly that they ached.
As frequently as 6 per min., and again only once in 10 min.: jerking in r. shoulder, then passing down spine into legs, felt especially when sitting and > when walking about and continuing during sleep.
Every day, < 11 to 2 o'clock: dull and heavy.

Eyes. For three days: smarting in both eyes from 3 p. m. till night.

Ears. During two days: a very distinct feeling of fulness, "extending from ear to ear," alike on both sides, lasting about 30 min. after each dose, without other associated symptoms.
On two consecutive days at 3 p. m.: ears felt as if they would burst from sudden rush of blood to head, lasting about 2 hrs. and lessening gradually.

Nose and Throat. On five days during p. m.: dryness, roughness, and sensation of heat in mucous lining of mouth and throat, without marked decrease of secretion.
Twenty min. after taking drug: throat feels dry.
On three days, 20 min. after each dose: mouth, throat, and nose became dry and so continued for about 4 hrs.
For three days on rising: throat dry and sore.
Mornings before eating: sore throat always <.
On two days at 9 p. m.: epistaxis of bright red blood.

For three days on waking: hoarseness.

Circulatory System. On three nights after lying down: pulsation through subclavian artery, r., extending upward and outwards towards arm.

For nine days: "says her heart has beaten irregularly, first strong then weak, especially between 11 a. m. and 2 p. m., though not every day, and at these times has felt dull and as if she would like to close her eyes and 'drop off.'"

Alimentary System. For five days after eating: sour taste in mouth lasting 2 to 3 hrs.

For five days after every dose: nausea.

For five days, after rising and for a few hrs. following: heavy pain in abdomen.

For three days, during forenoon: pain in abdomen.

For six days: burning in rectum during and several minutes after stool.

For three days, about 1 hr. after eating each meal: peculiar sensation of emptiness in stomach as though it were filled with air.

Genito-Urinary System. For three days: desire to urinate a few moments after taking drug.

Lasting four days: sensation as if bladder were inflamed and too full, > in a. m., < noon till retiring (ceasing upon stopping drug).

Each p. m. about 5 o'clock: backache in lumbar region lasting until bedtime, seeming like the backache frequently felt before the monthly flow.

On four nights: sleep disturbed by amorous dreams with seminal emissions.

Bones and Muscular System. For four days on rising: slight pain in back of legs, which disappeared about 10 a. m., < on moving.

On five days in afternoon: dull pains of brief duration coming in slow waves, near lower end of thigh to knee.

Three different times during day: dull pain in r. ankle and foot of such severity that it was necessary to limp for 3 or 4 steps, the pain coming on while walking and located in outside of foot and ankle.

On eight days: backache in lumbar region, came on in evening.

On twelve days: twitching and jerking of individual muscles, especially in legs, < when mind was occupied, beginning in a. m. and continuing all day.

General Systemic Conditions. For three nights: 5 hrs. restless, instead of 8 hrs. sound sleep as customary.

Every night: slight perspiration.

Locality

SYMPTOMS ACCORDING TO SIDES OF BODY

(Numbers refer to days on which recorded)

	Right	Left	< Right	< Left
Mind and Nervous System	395	381	39	55
Eyes	40	37	66	20
Ears	34	45	12	18
Nose and Throat	25	16	16	13
Respiratory System	19	24	2	1
Circulatory System	2	3	—	—
Alimentary System	13	13	—	4
Genito-Urinary System	15	7	1	—
Bones and Muscular System	66	93	6	6
Skin	11	13	—	1
Total	620	632	142	127
Regional Parts (included in above)				
Inner Head (Mind and Nervous System)	72	13	15	1
Outer Head	19	4	2	1
Face	24	24	—	2
Neck and Back	10	9	—	—
Outer Chest	27	23	—	—
Epigastrium and Stomach	—	1	—	—
Hypochondria	2	2	—	1
Abdomen	23	21	1	—
Upper Limbs	70	65	—	1
Lower Limbs	76	105	4	5
Limbs in General	—	—	—	—

Direction. **Right to Left.** Tendency to walk toward the left.

Falling to the l.

Griping pain in abdomen, below and to r. of navel, spreading from r. to l.

Sore throat changing from r. to l.

Left to Right. Headache extending through from l. to r. temple [1-2].

Head felt full from l. to r. temple.

Gusts of aching pain from l. to r. temple, behind and touching the eyeballs.

Side to Side. Dull pains in upper part of forehead, going from r. to l. and vice versa.

Slight pain in both ears, extending across top of head from ear to ear.

During two days, a very distinct feeling of fulness extending from ear to ear.

Thick feeling in head which seemed to extend from ear to ear.

Sensation of fulness from ear to ear.

Throat feels dry and congested, from ear to ear, as though choked by the hand.

Pain across neck between shoulders.

Aching in middle of back, from side to side, < standing or walking, > when still.

Around. Sensation of band around head [2-2].

Headache extending from forehead around head.

Sharp, darting, neuralgic pain in sixth and seventh dorsal nerves, extending around r. side.

Sharp pain encircling ankle like cramp.

Sensation as of a band around upper part of chest.

Dull pains in small of back extending around l. side of waist.

Front to Back. Frontal headache extends back to occiput.

Headache extending from forehead to occiput [3-8].

Headache extending from forehead to back of ears [1-2].

Headache extending farther back than before.

Pain in r. temple extending to back of head.

Sharp pain under l. eyebrow, shooting backward.

Pain in eyeballs shooting back into cranium.

Aching pain from l. eye over vertex to l. occipital region and down the neck.

Sharp pain in r. temple, going back of head.

Pain in eyeballs running back to head.

Shooting pain from eyeballs backward into cranium.

Frontal headache extending to back of eyes [1-2].

Sharp pain under l. eyebrow, shooting backward.

Pain through chest at l. nipple.

Stiff pain through l. chest from axilla backward to inferior angle of l. scapula upon turning head.

Strong pain in l. side of chest, back of nipple, extending to back on same and then on opposite side, lasting about 3 min.

Aching pains from chest to back on breathing or coughing.

Sharp pain in region of scrotum proceeding to anus.

Back to Front. Headache extending from occiput over vertex to frontal region [1-4].

Headache extending from occiput through to root of nose, between eyes [1-2].

Headache extending from occiput to temple.

Headache extending through temples to forehead.

Momentary, sharp pain in l. occiput, coming over to l. eye.

Neuralgic pain from back of neck to mastoid process and through r. face to temple and above r. eye.

Neuralgic pain from back of neck to r. eye.

Sharp pain in l. temple extending into and through l. eyeball [1-6].

Shooting pain from ear to head and forward into nose.

Sharp, sudden pain, shot forward directly over l. ear to temple.

Slow, steady pain in l. side of face, beginning just below

ear, back of jaw, involving lower jaw only, extending through jaw to front molar tooth.
Backache comes through to r. and l. iliac region.
Forward and Backward. Stitching pains through eyeballs backwards and forwards.
Sharp pains back and front through l. chest.
Above Downwards. Headache extending from r. supra-orbital region to eyes.
Frontal headache extending to back of eyes [1-2].
Frontal headache extending to eyes < r.
Sharp pain in r. ear going to shoulder.
Momentary, sharp, cramping pains from r. tonsil to larynx, leaving a little stiffness.
Soreness of throat extends to trachea.
Chilliness extending from neck down back.
Dull pain between neck and l. shoulder, extending down arm to hand.
Numb pain in l. pectoral muscle extending down arm.
Sensation of contraction beginning in l. pectoral muscle, extending to mastoid, and then down l. arm, continuing through day.
Aching pain from r. shoulder down to hand.
Pain in r. arm running from shoulder to tips of fingers.
Pain in r. arm extending to ends of fingers in pulsating waves.
Pain in r. arm extending from biceps muscle to ends of fingers.
Sharp, neuralgic pains down l. arm to hand [1-3].
Sharp pains back of arm from shoulder to elbow.
Jerking in r. shoulder, then passing down spine into legs.
Wandering pains in l. arm and down the back.
Shooting or darting pains in r. arm, extending from biceps to ends of fingers.
Wandering pains down back.
Aching in lumbar region and down legs, > by motion.
Terrible backache from lower dorsal region downwards [1-2].
In abdomen pain from navel to r. groin.
Sharp, darting pains in abdomen, especially from navel to r. groin.
Sharp, stitching pain in liver, shooting to lower part of abdomen.
Severe pain running from spine to r. ilium downwards and forwards.
Severe, sharp, darting pain in lower part of abdomen proceeding to anus.
Cramping pains which went down spermatic cord into testicle.
Steady, dull ache through pelvis and down thighs.

Pain down back of thighs.
Sharp, momentary pains in r. leg extending from hip to ankle.
Sudden, sharp, rhythmical pain from l. hip to ankle, recurring for 5 min.
Shooting or darting pains in r. leg [2-2] extending from hip to ankle.
Feeling as if cold water were running down l. leg from hip to toes.
Legs felt as if cold water were running down in them.
Sharp, darting, neuralgic pain in l. sciatic nerve, extending down leg and ending in l. external saphenous nerve.
Sudden pain shooting down l. anterior crural nerve to knee.
Pain in l. thigh to knee.
Drawing pain, posteriorly, extending from above to below l. knee [1-2].
Pain in both legs from knees to ankles.
Below Upwards. Headache extending from forehead to margin of hair.
Headache extending from both ears to vertex.
Headache extending from occiput over vertex to frontal region [1-4].
Pain in r. side of head, above temple, spreading like network over top of head.
Sensation of tension in eyeballs, which extends to forehead.
Pain in r. side of face going toward top of head.
Shooting pain from back of neck to mastoid process.
Pain starting under angle of l. jaw, extending to l. ear.
Pain in upper teeth darting to ears [1-3] on both sides.
Soreness of throat seems to extend upward.
Pain across neck and shoulders [1-4] and up behind l. ear [1-2].
Pain extending from top of l. shoulder up to behind ear.
Strong pains in r. side of chest extending into arm-pits.
Sharp, stitching pain in r ovary shooting to region of liver.
Pain extending up r. groin from urethra.
Chills ran up the spine [1-4].
Shooting or darting pains in l. great toe, streaking up to instep.
Up and Down. Stiff neck on rising [1-2], pains ran up and down, soon disappearing.
Chills up and down back, from 3 p. m. until night.
Chills running up and down spine all day.
Strong pains flying from l. knee to foot and back again.
Without Inwards. Headache extending from forehead to back of eyes.
Sharp pain in l. temple extending into and through l. eyeball [1-6].
Pain in r. side of abdomen going through uterus.

Within Outwards. Sensation of pressure in head from within outwards.
Pain shooting from throat to r. ear.
Shooting pain extending from pharynx toward l. ear [1-2].
Tight, swollen feeling in pharyngeal muscles extending to ears.
Sensation of fulness in throat extending to both ears alike [1-2].
Pain on swallowing extending to both ears [1-2].
Soreness of throat extends to ears [1-2].
Soreness of throat, with sharp pain shooting towards r. ear upon swallowing, < nights [1-3].
Soreness of throat with pain shooting to l. ear upon swallowing [1-2].
A persistent tickling, confined to l. side, extending from throat into Eustachian tube, almost to ear.
Pulsation through subclavian artery, r., extending upward and outward towards arm, appearing at night after lying down [1-3].

Touch. **Mind and Nervous System.** Temples sensitive to touch.
Throbbing in temples with sensitiveness to pressure.
Temples sensitive to pressure.
Numb sensation on tip of tongue, with tingling when touched against the teeth.
All day, sudden, fleeting pains (going suddenly) in all the teeth, alveolar processes and jaws, < l., < pressure.
Tenderness of median nerve.
On rubbing hands together to relieve numbness, cutaneous nerves near palmar surface of fingers were numb, with peculiar tingling feeling.
Drawing pain in legs, < crossing knees, with numbness while crossed.
Pain in l. thigh to knee, < crossing l. over r. knee.
Eyes. Eyes sensitive to touch.
Eyeballs somewhat sensitive to pressure.
R. eye tender to pressure.
Pressure < sensitiveness of eyeballs.
Sensation as though r. eye were smaller than l. and as though it were loose in its socket and rolling around, whether open or closed, > by pressure.
Desire to rub eyelids.
Ears. "Tender spots" back of ears.
Left ear sensitive to touch [1-5].
Ears ache a little, with sensitiveness.
Feeling of sensitiveness deep in ears, < l.
Cannot lie on l. ear, it is so sensitive deep in ear.
Soreness and tenderness when pressing tragus into meatus,

the tenderness being rather in deeper portion of canal than in tragus.

Nose and Throat. Throat sore, < by outside pressure.

Throat sensitive, examination caused spasm of coughing.

Respiratory System. Percussion of chest induced coughing.

Alimentary System. Crust of bread hurts mouth.

Mouth tender in chewing [1-2].

Small papule on inside surface of gum, r. side, sore to touch.

Cannot bear clothing tight.

Stomach sensitive to pressure.

Pain about ileum, < slight pressure.

Abdomen sensitive to pressure.

On slight pressure, pain all over abdomen.

A colicky pain distributed all over abdomen, < temporarily by tightened belt, but increasing in severity although pressure was maintained, lasting 4 hrs.

Genito-Urinary System. Uterus very sore to touch [1-3].

Groin sensitive to touch.

Right groin sensitive to touch.

Soreness and tenderness in r. groin.

Pain in r. groin on pressure.

Bones and Muscular System. Free border of ribs sore to touch for 2 or 3 in. on each side of median line, disappearing toward night.

Sharp pain under l. scapula, with soreness to touch.

Muscles of back, especially in cervical region, sore to touch, and on moving.

Joints of large toe red and painful, cannot bear pressure of shoe.

Skin. Burning sensation of skin after rubbing hands.

Skin on back of both hands grew red, with constant desire to rub.

A fine papular rash appeared on forehead and cheeks, in groups, with soreness to touch, but without itching or burning.

Papular eruption over sternum, with itching, < scratching.

On waking found slight rash on anterior surface of arms and on l. chest, which itched and resembled scarlet rash, but was not rough on passing hand over surface except where it had been scratched, in which places it was slightly rough and tiny, bright red, ecchymotic spots, size of pin points, appeared where it was rubbed most.

Scratching over body, legs, and arms with pen-handle, where the skin looks normal, leaves an intensely red line, with no elevation, but sense of warmth.

Intense itching of skin < by light friction but > by hard friction if severe enough to lacerate hypodermis.

A general aggravation of pre-existing skin lesions (ichthyosis and keratosis pilaris), with a general hyperemia, more aggravated where there is most pressure.

Passive Motion. Cough < by riding on wheel.

Riding causes nausea.

Nausea, after riding, from about 2 p. m. until evening.

When riding nausea disappeared.

Nausea $^{1-8}$, < indoors, not present when riding in the open.

Injuries. Dread of jar (headache).

Sore feeling in abdomen < walking.

Soreness in bowels, must walk carefully.

For an hour after walking, feeling of soreness in pit of stomach.

CHAPTER V

THE RESULTS IN THE OLD SCHEMATIC FORM

(ANATOMICAL)

Symptoms are presented in groups and these groups are arranged as nearly as possible in the order of their prominence, not of their development. Double numerals affixed to symptoms denote, first, the number of provers who experienced the symptom given and, second, the number of days on which it was recorded.

1. Mind

Depression. Some mental depression; evening depressed [1-3] and blue [1-3]; feel depressed [1-2]; great depression without sufficient cause; 5 p.m. awakened after 2 hrs. sleep with great mental depression [1-2]; seems depressed and discouraged.

Despondency. Feels despondent at times and then very cheerful; tendency to sigh; while taking drug was not cross or irritable, was inclined to be indulgent with her family and was stupid, absent-minded and frequently jolly, laughing violently at small things, but discouragement and melancholia came on as soon as the dose was decreased and proved the most trying symptom noticed; inclined to be discouraged [1-3] and melancholy; despondent and restless, pacing up and down the room; feels dreadfully despondent when waking in a.m., but gets better as day goes on; extreme melancholy and "anguish of mind."

Mental Dullness. Dullness of thought [2-2]; dull feeling in head [2-3]; head feels dull and confused; mentality dull; dull feeling in head with drowsiness; has semi-conscious feeling; mind seems dull; dullness of head on waking, > after breakfast.

Slow Mentality. Mind slow to act; slowness of thought; mind acts slowly, cannot recall events readily; slowness of mentality, which had lasted many days, changed after drug had been discontinued 48 hrs. to a condition of increased mental activity

Stupidity. Stupid all day; stupid feeling [1-2]; feels stupid [1-3]; stupid, < p.m.

Absent-mindedness. Cannot keep mind on one subject; absent-minded [2-5]; mind seems to wander; queer feeling about head, somewhat confused and absent-minded.

Forgetfulness. Could not remember anything very long [1-2]; very forgetful, cannot remember day of week or day of month; forgetful; memory defective during evening; markedly forgetful, starts to tell a thing and forgets particulars. [Prover would ask the same questions over and over again, even though they had been answered. — D.]

Lack of Concentration. In evening, after taking drug, tried to study but could not collect thoughts; difficulty in concentration [1-2], or fixing the mind; cannot concentrate mind upon one subject, wanders to other subjects; hard to collect thoughts.

Loss of Sense of Direction. On returning home in the evening, after director's examination, noticed loss of sense of direction; would take car going in opposite direction from that in which he intended going; when actually going north felt as though he were going south; required great effort to keep headed in the right direction; wanted to take car west, yet boarded car going east; confusion only affected sense of direction, could distinguish streets and names very clearly.

Mental Fatigue. Awoke with mental fatigue after increased mental activity during night; has to force herself to study or to think [1-2]; must compel himself to think; head very tired; mental faculties seem about normal when beginning to study after a few hours' rest, but in about ½ hour head and eyes begin to ache, feels tired, cannot comprehend and becomes confused and discouraged. (When in usual health can study several hours without marked fatigue.)

Mental States. **Impatience.** Impatient; impatient and wants to cry on being questioned.

Listlessness. Listless feeling; no inclination to mental effort.

Thoughts Self-centred. Thoughts wrapped up in himself; attended theatre but could not laugh although play was humorous, could not divert mind from himself, felt he was boring his company.

Speech. Aversion to Talking. Disinclined to talk [2-3].

Desire for Quiet. Wanted to lie down and close eyes [1-2]; wanted to be still.

Desire for Solitude. Wanted to get off by herself and be left alone.

Increased Mental Activity. Awaking suddenly at 2 a. m., after 5 hrs. sleep, and lay awake 2 hrs. with clear and active thoughts which he could not control, finally fall-

ing asleep as from mental exhaustion and waking with headache and mental fatigue; prover showed a state of exaltation for one night only, as shown by restlessness, talking in sleep, spasmodic contractions of various parts of the body and pulling unconsciously at her hair; laughs about little things although usually very quiet; after drug had been discontinued 48 hrs., the slowness of mentality which had lasted many days changed to a condition of increased mental activity, all the faculties being alert, "as after drinking coffee."

Foreboding. Feeling as though she could easily lose consciousness [1-2]; an indefinite feeling of strangeness; feels foreboding as of some impending illness.

Anxiety. Felt hurried, anxious and very irritable, wearing off by 8 p. m.; in evening anxious and worried.

Fright. Frightened feeling, questioning herself "Is this feeling like death?"; easily frightened, looked under bed for some one because he thought the bed moved.

Hallucinations. When drowsy it seemed certain that there were persons in the room, although there were none; felt surprised that no one was present; while lying in bed, in partial sleep, thought people were in the room.

Delirium. Very delirious; talks wildly, eyes look staring and wild; delirious, so that he did not record any symptoms or see examiners, but talked a great deal during latter part of p. m. and evening, followed by heavy sleep during night. [The delirium and talking were reported by his room-mate who also reported the face to be flushed almost scarlet. — D.] [Examiners and class-mates report that prover was delirious a great deal of the time during p. m. and evening. — D.]

2. Sensorium

Dizziness. Slight vertigo [2-4]; dizziness [7-26]; dizziness occasionally; has times of feeling dizzy; objects seem to be whirling around or to be falling away; vertigo when lying down; slight vertigo upon rising from sitting posture; 2 hrs. after first dose of tincture, vertigo on rising from chair; vertigo on walking, with dimness of vision; dizziness only on standing or walking; dizziness in a. m. [1-6]; vertigo with staggering on rising; feels dizzy as if intoxicated, with unsteady gait; dizzy sensation as if about to fall down; dizziness obliging her to lie down; awoke so dizzy and tired she could not get up; dizziness just before noon "as though bilious"; vertigo with sensation of faintness [1-3] as from hunger; marked vertigo so that he refuses to take any more of the drug; momentary vertigo

when rising from sitting posture; dizziness when standing still; much vertigo when stooping; vertigo on stooping; momentary dizziness, < walking and standing; dizziness when looking at anything; vertigo and tendency to fall when closing eyes; very dizzy [2-2], everything went around; after breakfast, vertigo [1-3] gradually developed, < sitting up or any sudden motion [1-3], > lying quietly; in evening dizziness in dark when he got up to strike a light.

Light-headedness. Feeling of light-headedness [1-3], or vertigo, on going into outer air in a.m.; feels light-headed [2-2]; sense of light-headedness as from deep and hard breathing [1-3]; feels light-headed [1-2], < after walking; feels light in the head [1-2], "as if there was nothing in it."

Irritability. Disposition irritable [1-3]; felt irritable [3-6], cross [2-3], and fretful; made irritable by slight noises; evening, very irritable and made nervous on slight provocation; for 3 nights has felt irritable and nervous during evening and found it difficult to preserve an even temper, and has secured only about 5 hrs. restless sleep instead of 8 hrs. as customary; sensitive to noise, which irritates nerves; noticed noises more than usual; noise is unbearable; felt herself "the most ill-used person in the world"; wants everything his own way, if not is enraged; every little annoyance hard to bear; inclined to cry from irritability; everything seems to go wrong; very irritable; least little thing upsets him; feels like scolding; more easily irritated than usual; answered questions sharply; awoke irritable and cross, with spirit of opposition.

Nervousness. Very nervous; has felt quite nervous [2-2]; light and noise made her nervous [1-2]; when engaged in conversation became very nervous, ideas became confused, and speech difficult and stuttering; felt nervous [2-6]; nervous, hurried feeling; nervously depressed as if from shock; exceedingly nervous all day [2-3]; the least excitement < nervousness; feels very nervous [2-3] (ordinarily not nervous); startled at every unexpected noise; cannot bear to have any one talk in a high-pitched voice.

Dullness. Dull feeling [1-2]; felt very dull [1-4]; every day dull and heavy < 11 to 2 o'clock; feels dull and drowsy; dull and tired feeling on waking.

Confusion. Head confused; confused feeling in head; an undefined feeling as if things about him were different than usual; dazed sensation; confusion in head; confusion of thought; mental confusion on street; confused and absent-minded.

3. Inner Head

Headache. **Types**: frontal (f) [31–133]; headache, without specification (h) [15–46]; general (g) [9–20]; vertical (v) [10–16]; occipital (o) [7–17]; parietal (p) [6–9]; supraorbital (s-o) [4–7]; temporal (t) [4–6]; temporo-frontal (t-f) [1–4]; temporo-parietal (t-p) [1–2]; temporo-sphenoidal (t-s) [1–2].

Sides. Right [18–72] (f [8–57]; h [4–6]; g [1–1]; v [1–1]; p [2–3]; s-o [1–2]; t-p. [1–22]. Left [6–13] (f [2–6]; p [1–1]; t [1–1]; t-f [1–4]; t-s [1–1]).

Direction. Extending: from r. supraorbital region to eyes; from forehead to back of eyes; from forehead to back of ears [1–2]; in forehead to margin of hair; from forehead farther back than before; from forehead around head; from forehead to occiput [3–8]; from both ears to vertex; through from l. to r. temple [1–2]; through temples to forehead; from occiput to frontal region [1–4]; from occiput over vertex to frontal region [1–4]; from occiput to temples; from occiput through to root of nose, between eyes [1–2].

Intensity. Slight [10–11] (f [5–5]; h [3–3]; s [1–2]; o [1–1]). Severe [10–17] (f [4–5]; h [4–10]; g [1–1]; v [1–1]).

Duration. Temporary (f [2–2]); for ½ hr. (g); about an hour (f; h [2–2]; g); lasting 2 hrs. (f [1–2]; t-s); lasting much of the day (f; v); lasting until bedtime (f); lasting all day (f [2–3]; h [1–9]; v [1–2]); all day and evening (f); from 11 a. m. until after dinner, at 6 p. m. (g); from 1 p. m. through day (p); from 3 p. m. until retiring at 10 p. m. (h).

Character. Dull [34–76] (f [12–35]; h [8–13]; v [4–8]; p [3–5]; g [2–4]; t [2–4]; o [1–4]; s-o [1–2]; t-s [1–1]). Sharp [4–7] (t-f [1–4]; f; o; s-o). Continuous [4–11] (f [2–9]; o; v). Throbbing [4–4] (h [3–3]; f). Bursting [3–3] (o; p; h). Heavy (h [2–4]). Splitting [2–2] (s-o; g). Boring as if pressed in by the knuckles (t-f [1–4]). Tearing (p). Twisting (p). Of congested nature (h). Dreadful (h). Indescribable (h). "As if it had been knocked" (t). "As if pressed with something hard" (t-p). As though sleeping too soundly (g). Which comes and goes (g [1–2]). Coming and disappearing quickly (h [2–2]). Coming on in waves (f).

Time. Toward morning (h). On waking [5–8] (h [3–5]; f [1–2]; g). Continuing on waking (f). On rising (f). In morning (f). In forenoon (h). 11 a. m. (f [1–2]). 1 p. m. (p). 2 p. m. (f [1–4]). 3 p. m. (h). 4 p. m. (h). 5 p. m. (f; g). 6:30 p. m. (o [1–2]; t [1–2]). In p. m. (f). Increased up to 7 p. m. (h). 8 p. m. (p). Returning at 8 p. m. (g). In evening [2–3] (f [1–2]; g). Disappearing gradually at bedtime (g). On retiring (f). During night (f; h). All night (h).

Appearance. Appearing: 45 min. after 30 d. ϕ and disappearing after about 3 hrs. (f); ½ hr. after taking drug (f); after straining at stool (h); after doing some housework (h); after breakfast (h).

Cause: violent coughing (p); walking (f); trying to study (h).

Sensations. Full feeling $^{3-4}$ (h $^{2-2}$; p $^{1-2}$). Feeling of tension $^{3-3}$ (p; f; t). Fulness in whole head, < in occiput (f). Head hot (f). Head heavy (f). S. as if head were too heavy for neck (h $^{1-2}$). S. as of something within head pushing outwards (f). S. as if top of head were lifting up (g). S. as if whole top of head were coming off (g).

Accompaniments. Preceded by fulness in throat.

Accompanied by: flushed face $^{3-4}$ (f $^{2-3}$; h); temples sensitive to touch (t); heavy feeling, just in front of vertex (h); dread of jar (h); pain over r. eye (f); pain back of eyeballs (f); aching in eyeballs (f $^{1-7}$); aching through eyes $^{2-2}$ (o; p); vertigo (h); backache (h $^{1-3}$).

Aggravations: by motion $^{5-5}$ (v $^{2-2}$; f; h; g); by sudden motion (v); while moving (s-o); when stooping (h); from jar (h); from noise $^{2-2}$ (f; v); from light (f); after eating (f); from smoking (h); in house (f); in warm room (f); on lying down (f $^{1-2}$); when lying down, but unable to sit up (h); on first lying down, until getting quiet (t-p); during day (f); in p. m. (t-f $^{1-2}$); in p. m. and evening (f); toward evening $^{3-3}$ (o; v; f); in evening (f).

Ameliorations: by going out of doors into open air $^{7-8}$ (f $^{3-4}$; g $^{3-3}$; h); by cold air $^{2-2}$ (g; f); in cold room (f); by resting (f); by keeping quiet (f); by nap at 3 p. m. (f); by lying down in dark room (f); by keeping eyes closed $^{3-5}$ (t $^{1-2}$; o $^{1-2}$; f); after rising (f); with hat on (g); by pressure $^{3-3}$ (f $^{2-2}$; t); by bending head backward $^{2-4}$ (o $^{1-2}$; t $^{1-2}$); after eating $^{2-2}$ (f; v); after supper (g); by menstrual flow (h); by bleeding from nose (f).

Miscellaneous. Headache focuses in r. eye as if it were going to burst open with pain.

At beginning of proving, pain < in frontal region, but at end of proving it became < in occiput.

Disturbance in Head. **Tension.** Strained sensation in head and eyeballs; sense of tension in frontal region; sensation of tension in eyeballs which extends to forehead; sensation of band around head $^{2-2}$; sensation of pressure in head from within outwards.

Fulness. Full feeling in head; head felt full, < r. side; head felt full from l. to r. temple; head felt full in frontal region; head felt as if spreading apart; thick feeling in head, which seemed to extend from ear to ear.

Heaviness. Heavy feeling; heavy feeling in region of

frontal sinus; head has felt very heavy; heavy feeling in head as if too large and heavy for neck to hold up; heavy feeling in forehead and eyeballs; heaviness in head.

4. Outer Head

Sensation as though something was crawling on her head; itching on head as though something was biting; itching of scalp.

Hair seems to fall out more than it did and there is more dandruff.

Perspiration on head [1-2].

Sensation of tight band around head.

Sensation of pain around head.

Sides of Head. Pain in r. side of head [2-9]; pain in r. side of head above temple, spreading like network over top of head; momentary, dull pains, especially about r. side of head [1-2]; heavy, aching pain in r. side of head; sharp pain in r. side of head [1-5].

Momentary, dull pains, especially on l. side of head.

Around Ears. Itching back of ears [1-2].

Pain in front of r. ear; pain back of r. ear, in five distinct darts, with dull pain between them, ceasing suddenly; neuralgic pain under r. ear.

Pain back of l. ear; sharp, sudden pain shot forward directly over l. ear into temple.

Occiput. Migratory pains in occiput; sharp, momentary stitching pains in back of head [1-8]; sharp, migratory pains in occiput [1-8]; pain in occiput just below basilar process; momentary, sharp pain in l. occiput coming over to l. eye; peculiar, aching pain passing from l. eye up over head and down in streaks to back of head, on l. side, just below occiput, resting there like a ball, with streak extending on down the neck, the pain throbbing a few times then becoming dull, coming on quickly and passing gradually away.

5. Sight and Eyes

Pupils. **Pupils** dilated [12-33], < r.; widely dilated [7-9], with flushed face [1-2], without reaction, especially l.; slightly enlarged; dilated to "size of peas"; dilated soon after taking drug; so dilated he could not see; widely dilated before noon and so remained all day, with very marked dilation at 6 p. m.; following 2d dose of drug, vision began to blur rapidly, "could almost notice pupils dilate."

Vision. **Blurring.** Eyes blur [3-13]; eyes blurred, could hardly see; everything blurs; blurring of vision [5-10]; feeling as though "curtain" were in front of eyes [1-6], continuing through day and obliging her to stop studying [1-2]; vision

became so much blurred that everything turned black; vision blurred for 3 or 4 hrs.; on waking eyes much blurred, could hardly see anything; sight very much blurred for 3 hrs.; "can't see straight," eyes blur $^{2-2}$; print looks blurred $^{1-7}$; vision disturbed, letters blurred; blurring of type while attempting to read; eyes blurred $^{1-3}$; letters became indistinct in reading $^{1-2}$ and writing; cannot read because letters blur; vision blurred $^{1-3}$ and indistinct, when reading, letters run together; letters run together when reading; vision blurred red $^{1-2}$, could not read figures upon thermometer, later print looked blurred; eyes blur, can't read very well; blurring of vision $^{1-3}$, with dimness, when attempting to use the eyes $^{1-2}$, to read fine print $^{1-2}$ or to do close work; eyes blurred so much she could not study; sight blurred in 20 min. after taking dose, so she could not read, > in 3½ hrs.; vision blurred, cannot see to read more than 3 or 4 lines of print; later, eyes more blurred, cannot see what she writes, not even by resting eyes as she could before; vision slightly blurred, not so clear as usual for reading; print seems indistinct and blurred; letters blur when attempting to read; blurring of type when reading; on reading, letters are plain for minute or so, then he has to look off to rest eyes; near vision > for instant on first looking but immediately lost and became blurred; could read at first glance but blurring soon followed; could determine an object at first glance, but on continuing to look everything seemed to run together; objects blur $^{1-2}$ after using eyes a few moments; unable to read or write without great difficulty; as soon as head is bent over page, letters become blurred $^{1-2}$ and indistinct $^{1-2}$; changing direction of a glance for the briefest space > this, but it returns at once as soon as the eyes become fixed again; on attempting to read, letter first seemed clear, soon looked irregular, then blurred and disappeared entirely $^{1-2}$; on attempting to write found same difficulty; "at times the vision clears up nicely, but only for a short space of time, then gradually blurs again; the sensation is that of something opening and shutting, first partially obscuring the vision, then opening and allowing good clear vision, the period of dimness being much the longer of the two"; on reading for 5 min., has to stop because letters blur.

Blurring of vision in reading, as soon as he looks attentively at print it blurs, but when paper is in motion is able to read it; blurring of vision for near objects, able to read if he keeps paper moving, if he holds it still cannot read at all; near vision blurred $^{2-4}$; unable to

read from blurring of near vision; vision blurred, except at distance; blurring of eyes on reading [1-3] but not for distant vision; far sight normal, but near vision blurred, has to hold book at arm's length; vision blurs occasionally for distance and near; on rising, vision blurred for near and distance [1-2]; vision blurred, cannot read at short distance; blurring of vision when looking at near objects but not when looking at distant objects; eyes blur on reading [1-2], must hold page a little farther away; letters blur outline of each letter, > holding print some distance away.

Dimness of vision [3-5]; occasional dimness of vision, > by wiping eyes; dimness of vision as from film over eyes, < r.; sight dim for near objects all day; considerable difficulty in seeing, vision is somewhat dim; could not see clearly [1-2]; sight so dim can scarcely see to write; can only see to write a few moments when vision becomes dim; feeling as if film were over eyes; dimness of vision for both near and distant objects, distant objects being proportionately more indistinct than those near.

Vision indistinct; letters become indistinct [1-2]; outline of each letter indistinct; print seems indistinct.

Haziness before eyes at night; shortly after noon, while paring his nails, vision became hazy and could not see where he was cutting, yet when looking across room objects were distinct; by looking at far objects and then back to near ones could see distinctly for a time; vision misty.

Distance. In order to read, page must be held at distance of 1½ to 2 ft.[1-3]; must hold print at arm's length in order to read at all [1-4]; cannot accommodate to near object; loss of vision to near objects, but those at distance (3 feet or more) fairly clear; could not see to read [1-2] but could see distant objects; could not see near objects, but saw well at distance; cannot see to read [1-2] or do anything which requires close vision; 3 p. m. cannot see to read within 15 in. of eyes, vision > at distance; can see objects far away, but not at the usual visional distance; could not read ordinary print at usual distance; vision for distant objects was better; vision > for a moment on first opening eyes, but has to hold book farther away; near point of vision at greater distance; can read print at distance, but not near; can see objects best at some distance from her.

Impaired. Eyesight became so poor he could not see to write down doses; in evening could not see to thread needle; could read only a short time without resting eyes; vision indistinct, inability to read [1-5]; on attempting to read, letters look irregular; vision indistinct, difficult to see

even outline of objects clearly; unable to read small type; when reading loses place; cannot read at all.

Double. Letters look double; on trying to write, the lines multiplied into many; she saw double in reading [1-3] (doubled laterally); saw straight line as double; vision double at ordinary reading distance; when writing with black ink, saw 2 lines, upper black, lower red; letters appear double as well as blurred; bright objects appear double; objects appear double, but images are very close together; while reading small print, letters look double; vertical strokes of type appear double; diplopia on looking upward.

With one Eye. Covering either eye improves vision; "cannot read more than one or two words with both eyes," < p. m. (from blurring); on closing either eye, vision good with other alone, but print looks smaller, the whole page being affected by the blur; on closing one eye near objects look smaller [1-2] by one-half and sharper in outline than when both eyes are used, but distant objects look normal in size and are seen more distinctly; in p. m. vision so blurred that reading was impossible when using both eyes, but could read when using one eye and closing the other; no diplopia.

Focussing. Accommodation affected, difficult to read; cannot accommodate near objects; lack of accommodative power; seems necessary to continually focus eyes when reading or writing; eyes do not focus clearly (this effect works off 2 or 3 hrs. after taking remedy); can read only a line or two by constantly changing focus.

Pain back of l. eye; pain in eyeballs [2-6]; eyes became very painful; pain in eyeballs [1-4] as if he were straining eyes to see; on waking, eyes pained terribly [1-2]; pain in r. eyeball; pain in eyeballs, running back to head; holding nose and blowing causes pain to extend into l. eyeball.

Pain over r. eye extending over whole forehead [1-3]; some pain over and in eyes.

Eyes painful on using; eyes pain, cannot see to read at all; much steady pain in eyes [1-3].

Drawing pain sudden and brief, above l. eye.

Dull pain at point just above r. eyebrow; dull pain over l. eye [2-3] for 10 min., excited by spasm of sneezing; a momentary, dull, heavy pain under both eyebrows, between temples, accompanied by sensation as if something opened and shut; dull pain over eyes; through eyebrows [1-2]; dull pain over eyes when straining to read; almost constant dull pain in r. outer canthus.

Neuralgic pain from back of neck to r. eye.

Sharp pain in l. temple extending into and through l. eye-

ball [1-6]; sudden, sharp pain in l. temple, making l. eye water, burn, and smart; momentary, sharp pain in l. occiput, coming over to l. eye.

Sharp pain over eyes; momentary, sharp pain over l. eye [1-2]; sharp pain under l. eyebrow, shooting backward; sharp, momentary pains in r. eyelids; extremely sharp pains in eyes in evening; sharp, momentary pains in r. eye; sharp pains back of eyeballs, < motion.

Momentary pains come and leave suddenly in l. eye; momentary pain under r. eyebrow in region of superior oblique muscle; fugitive pains in l. eyeball.

Shooting pain from eyeballs backward into cranium; on attempting to read, experienced a sharp, shooting, blinding pain in eyeballs which was so intense he had to desist; pain in l. eye as if something was sticking into it, with lachrymation; stitching pains through eyeballs backwards and forwards.

Aching of middle-third of face, including eyeballs [1-4].

Dull, pressing aching above eyes; slight ache over l. eye.

Eyes ache [7-12], when reading, when used; < l., < "way in back"; aching in eyeballs [5-13], < motion [1-4]; aching deep in eyeballs about the centre; gusts of aching pain through from l. to r. temple, behind and touching eyeballs, which felt small and loose in sockets, < l.; eye symptoms < toward evening, with tired aching in eyeballs.

Headache and Eyes. Frontal headache, with pain over r. eye; headache focusses in r. eye, as if it were going to burst open with pain; evening, frontal headache extending to back of eyes [1-2]; frontal headache extending to eyes, < r.; dull [1-4], frontal headache [1-14], with aching in eyes [1-7] and in eyeball [1-7]; heavy feeling in eyes, with frontal headache, prevented study; headache through forehead and eyes during p. m.; headache, with aching through eyes.

Burning in eyelids [4-7]; burning in eyes [7-14], < r.; burning in eyeballs [3-5]; in r. eyeball; in eyeballs while in open air, > when indoors; in conjunctiva; burning sensation in l. eye when closed; burning in l. eye; burning [1-2] in both eyes from 3 p. m. until night.

Heat in eyelids [3-4]; eyes feel hot.

Dryness. Eyes feel dry [9-13], with desire to wet them; conjunctiva dry; eyeballs feel dry [1-3]; eyelids feel dry [3-3], > when closed.

Smarting. Eyes smart [3-6] and sting; eyes smarting [3-5], < l. [2-2], with some discharge, which interfered with reading; smarting of eyelids and eyeballs [1-2]; smarting [1-2] in both eyes, with lachrymation [1-2], < r., < looking closely; smart-

ing [1-3] in both eyes from 3 p. m. till night; eyelids feel dry and smart; eyes smarting, burning, and sore and eyelids red and swollen, "as if she had been crying all day"; smarting of eyes, with dryness; during evening, eyes smarted and burned so much she was obliged to give up writing.

Itching in inner canthus of r. eye [2-2]; itching in both eyes [4-5]; in r. eye [2-2]; in l. eye; in eyelids [2-4]; itching of eyebrows.

Irritation. Continued irritation of l. eye, with smarting and some discharge; irritation of palpebral conjunctiva; eyelids, on both sides, feel irritated, with soreness.

Redness. Conjunctiva red [2-2]; red spot on eyeball near outer canthus; eyelids red; conjunctiva very red.

Congestion of both eyes; of conjunctiva; upon rising both eyes congested, especially l., but this passed off in an hour; white of eyes congested in morning, especially l.; eyes slightly hyperemic; veins of inner angles of eyes congested [1-2]; eyes bloodshot [2-2]; fulness and congestion of eyes; conjunctiva injected; eyes injected; conjunctiva congested.

Inflammation. Slight conjunctivitis [2-4], afterwards marked [2-2]; conjunctivitis [2-2]; lower palpebral conjunctiva inflamed, l.

Soreness. Eyes feel sore [3-3], with itching; eyeballs a little sore; eyelids feel sore [3-4]; posterior portion of eyeballs seem sore; sore feeling about edge of eyes.

Tenderness. R. eye tender to pressure; eyeballs somewhat sensitive to pressure; eyes sensitive to touch.

Strain. Strained sensation in head and eyeballs [1-3]; strained feeling in eyes [1-4]; in evening reading impossible without straining eyes.

Photophobia. Eyes sensitive to light [5-5]; eyes sensitive to bright light; eyes sensitive to light all p. m. and evening, with desire to keep them closed; in evening, eyes somewhat sensitive to light, feel > in dark.

Photophobia [3-5], < l; 40 min. after taking drug, intense photophobia, lasting only a short time; photophobia all the evening [1-2], can scarcely keep eyes open [2-4], > cool, open air, > darkness; some photophobia in daylight; marked photophobia; sensitive to ophthalmoscope.

Dazzling. Looking at an object causes glimmering sensation — in trying to thread a needle this was caused by the bright surface; sight dazzled, but can read; bright sunlight dazzles eyes very much.

Heaviness. Eyes feel heavy [4-4]; on waking, both eyes felt heavy and small; dull, heavy feeling in forehead and eyeballs; heaviness in eyeballs; toward night eyes looked congested and heavy.

Eyelids feel heavy [6-9]; eyelids feel very heavy; lids heavy and dry, > when closed; upper lids seemed heavy and paralyzed.

Drooping of upper eyelids [2-3], marked; slight drooping of l. eyelid [2-2]; l. eyelid droops; r. eyelid droops.

Closing of Lids. At night eyelids would not seem to remain closed, and everything appeared blurred when they were opened (stated she had a great desire to open eyes to relieve this unpleasant feeling); in evening awoke from sleep with eyes half closed and could not raise lids further.

Fatigue. Eyes soon tire [1-2]; tired feeling in both eyes [2-7]; dull, tired feeling in eyes; eyes tired and some secretion in them on waking; eyes tire if reading long; eyes felt very tired on attempting to read.

Weakness. Eyes felt weak [1-2] all p. m. and evening; eyes felt weak; eyes felt very weak on attempting to read.

Lachrymation increased; watering of eyes [3-5] while in open air [1-2], noticed both morning and evening; lachrymation in l. eye, with sticking pain; lachrymation [1-2] in both eyes, < r., < looking closely.

Secretion. Increased secretion from eyes; increased catarrhal condition of conjunctiva; some mucus in inner canthi; slight increase of catarrhal condition of eyelids; some secretion in eyes on waking; secretion forms in inside corners of both eyes [1-2]; secretion present in corners of eyes on waking, and forming during entire day; considerable discharge from eyes.

Agglutination. On waking eyelids slightly agglutinated [1-2]; < l. (30th dil.); eyes agglutinated on waking [2-2]; on waking eyelids were stuck together.

Expression. No expression in eyes [2-2]; no expression in l. eye [3-3]; eyes staring; eyes looked suffused, staring, and wild; eyes have a bright appearance, with slightly staring expression; eyes looked and felt as if he had had a night's dissipation; eyes looked dull, but vision seemed normal.

Twitching of r. eyeball [1-2]; slight twitching l. eyeball; twitching of r. eyelid [1-7]; in inner corner of r. eye; twitching in both eyes.

Swelling. Eyes feel swollen; r. eye feels a little swollen; eyelids feel swollen; on waking, both eyes looked small and swollen; eyelids swollen.

Puffiness of upper lids on rising.

Fulness. Feeling of fulness in both eyes; fulness of eyes, with congestion.

Desires. Desire to keep eyes closed, to rub eyelids and to wink.

Winking. Tendency to wink often.

Specks. White specks before each eye on opening it.

Spots. While trying to read a letter, it seemed to be covered with yellow spots about the size of a pinhead.

Flashes. On closing eyes at night, there were very distinct flashes of light in rapid succession, the light-flashes being uniformly triangular in shape with each side concave.

Dizziness. Felt dizziness, which seemed to be in the eyes and did not affect the gait; attempt to clean finger-nails made her feel light-headed; B — head swims on closing the eyes.

Tissue Changes. Sty on r. upper lid.

Small, sore pimple in r. upper eyelid.

Pimple on edge of lower eyelid.

Pustule on outer canthus of l. eye.

Curative Effects. Eyes have felt > and been stronger all the time while taking drug, in spite of using them almost constantly. Eyes stronger than usual; was able to read in spite of headache. Able to do more with eyes than ever before; drug greatly benefits eyes; much less asthenopia.

Ocular and palpebral conjunctiva became normal (inflamed at beginning of proving).

Summary of Examinations

(Numbers refer to Examinations.)

Lids. Appearance of margins: red [5]; congested [6]; swollen [3]; inflamed [2]; agglutinated [6]; dry [2].

Nerve Action: sluggish [4]; drooping of upper lids [7], < l.; twitching in r. upper lid [8]; fibrillary twitches in r. lower lid.

Conjunctiva. Bulbar: congested [25]; inflamed [11].

Palpebral: congested [30]; inflamed [11].

Secretions. Lachrymal: increased [23]; decreased [6].

Mucus: increased [11].

Pupils. Size: dilated [89].

Action to light: partial [7]; sluggish; none [2].

In accommodation: feeble [9].

Consensual: diminished [5].

Tension. Increased [2].

Media. Unchanged.

Fundus. Congested [6], r. and l.; r.; l.

Vessels: injected [3]; dilated.

Veins: full [2]; tortuous [5], r. and l.; r.; l.

Other provers: retinal vessels full but not tortuous; vessels of fundus, both sides, slightly tortuous; vertical veins large and full; in fundus fulness of veins, which are slightly tortuous, r.; retina, r., slightly hazy; l. ves-

sels all full and whole retina congested; veins of fundus slightly full (9 days); vessels of fundus hazy (4 days) and full (4 days) and veins tortuous on both sides (11 days).

Optic discs: capillary congestion; congestion [8], < r.; l. disc a little paler than that of the other eye; edge of l. disc not distinct; disc slightly hazy in outline on both sides (33 days).

Visual Acuity. Decreased [7], r. and l.; r.[2]; l.[2]

Ciliary Muscle. Affected [4]; tonicity increased; tonicity decreased [11]; partially paralyzed [3]; paralyzed [11]; spasmodic; relaxed [2].

Accommodation. Erratic.

Range: near point for diamond type removed [26]; distant point shortened [3].

Muscle Balance. Distance: Exophoria: decreased [2].
Esophoria: increased [5]; decreased [2].
Near: Exophoria: increased [2]; decreased [4].
Esophoria: increased.

Reflexes. None [8].

Color Tests. Normal [8].

6. Hearing and Ears

Pain in ears; slight pain in both ears, extending across top of head from ear to ear; pain in l. ear; back of ears; in both ears, with sensation of soreness [2-2]; in ears.

Pain in l. ear [2-2], followed by slight pain in r. ear; in r. ear; starting under angle of l. jaw extends to l. ear.

Sharp pain in l. ear; in front of r. ear; back of l. ear; in l. ear.

Momentary, sharp, stitching pains in r. ear [1-6].

Sudden, sharp, flitting pain back of r. ear with five distinct darts, with dull pain between them, ceasing suddenly; darting pain in r. ear; pain in upper teeth darting to ears [1-3] on both sides; three successive darts of pain in r. ear; sharp, darting pain back of ear; pain extends from top of l. shoulder up to behind ear, coming and going quickly.

Shooting pain extending from pharynx, upward, toward l. ear [1-2]; sharp, shooting pains in l. ear [2-5]; in r. ear; little shooting pains in ears, < l. [1-3]; through mastoid region on both sides; occasional, shooting pain from ear to head and forward into nose; sharp, sudden pain shot forward directly over l. ear into temple.

Neuralgic pain back of and under r. ear; from back of neck to mastoid process [region supplied by auriculo-temporal

nerve. — Ex.]; across neck, between shoulders, and up behind l. ear.

Pains both sharp and dull about ears; in l. ear.

Dull pain in front of r. ear; in r. ear.

Aching back of jaws under ear; both ears felt inclined to ache; had slight aching in ears, alternating from l. to r. on beginning proving — this disappears after he began to take medicine (first day); slight aching in ears [1-2], < r.; feeling in both ears as though they were about to ache [inspection revealed nothing. — Ex.]; both ears ache a little [1-4], < l.; ears ache a little with sensitiveness; ears ache deep in head, < l. [1-9]

Throat and Ears. Soreness of throat extends to ears [1-2], < swallowing, < talking, < coughing [1-2]; sore throat with sensation of fulness in ears [1-8] (r. and l. alternately).

Tight, swollen feeling in pharyngeal muscles, extending to ears.

Sensation of fulness in throat extending to both ears alike [1-2], without tinnitus, autophony, or objective symptoms [1-2].

Sharp, shooting pains extending towards r. ear upon swallowing, < nights [1-3], associated with soreness of throat, (no tinnitus and no evidence of cold); pain extending from throat to r. ear; pain on swallowing extending to both ears [1-2].

"When the sharp, shooting pain through r. ear disappeared, the same condition in every respect developed upon the l. side — first, some soreness of throat, then pain shooting to ear with every act of swallowing, with inclination to swallow oftener than usual, but no tinnitus, fulness, heat, itching, throbbing, or autophony; after 36 hrs. this condition began to wear away, with no return on r.; no appearance of ordinary cold."

Tinnitus. Ringing in ears [2-4]; ringing in l. ear [2-2], for a short time; 3:30 p. m. sounds in ears like bells, of short duration (no objective changes); ringing in ears, < r. [1-3]; slight ringing in both ears at 8:30 p. m.; ringing in l. ear for ½ hour; 7:15 p. m. seemed to hear sounds like ringing of bells in distance.

Buzzing in r. ear [1-5] (buzzing in ears never before experienced); all day, and < evening, buzzing tinnitus in both ears [1-5] — every sound is a buzz, with buzzing even when there is no sound [this buzzing mentioned from time to time for 18 days. — D.]; buzzing in both ears [1-3], < r. Singing, low sound "as though the gas were singing," without rhythm and on r. side only; whistling sounds in both ears for about ½ minute, accompanied by sensation of fulness; 7:30 p. m. sounds in ear like a whistle, for a few seconds only.

Roaring sounds in both ears [2-10].
Noise in r. ear as of telegraph instrument.
Noise and confusion in ears [1-3].
Slight tinnitus [which seemed to be due rather to general condition of head than to local condition of ears. — Ex.].
An occasional sound like a prolonged "ping" echoing through the head.

Autophony. Her own voice resounds [1-5]; voice seems to echo in ears; own voice resounds in ears; autophony with muffled feelings in both ears, < l.

Snapping in Eustachian tubes when dropping the jaw, no tinnitus or discomfort apart from that; during day snapping in both ears every time she swallows [1-4], especially liquids.

Fluttering in ears < l., slight and lasting a short time only.

Hyperesthesia. Cannot bear to have any one talk in a high pitched voice; hyperesthesia to sounds; Galton whistle very disagreeable to l. ear; ears over-sensitive to whispered voice and to all fork tests, and the shrill sound of Galton whistle caused general nervous tremor, and such faintness that fresh air and a drink of water were required before examination could be concluded; noise made her nervous [1-2]; voices echo in ears; ears sensitive to noise which irritates nerves; hyper-sensitive to noises [1-12]. Hearing distance, r. and l., for watch increased above normal while taking ϕ for 14 days.

Fulness and Stuffiness. Sensation of fulness in ears, < r., with singing tinnitus, associated with fulness of throat and inclination to swallow frequently; ears feel as if distended, < r.; sense of fulness or internal pressure in l. ear [1-4]; sensation of fulness from ear to ear; during p. m. and evening, sensation of fulness confined to r. ear [1-2] without tinnitus, autophony, or pain, but could hear his own breathing [1-2]; during much of a. m., a muffled feeling in both ears, < l. with autophony; during two days a very distinct feeling of fulness "extending from ear to ear," alike on both sides, lasting about 30 min. after each dose, without other associated symptoms.
Ears felt stopped and dull with autophony but no tinnitus; stuffed sensation in r. ear; dull, stuffy feeling in l. ear and l. parietal region [1-2] with slight headache; thick feeling in ears as though they were stuffed up.

Tenderness and Sensitiveness. "Tender spots" back of ears; l. ear sensitive to touch [1-5] [slightly congested. — Ex.]; ears sensitive to cold [1-2]; cold air causes momentary pain in ears; ears sensitive and ache a little; l. ear very sensitive to wind; feeling of sensitiveness deep in ear, < l.; cannot lie on l. ear it is so sensitive deep in the ear; soreness and tenderness when pressing tragus

into meatus, the tenderness being rather in deeper portion of canal than in tragus, without burning, itching, or throbbing in the canal.

Redness and Heat. Ears appear rather red but are not hot, are rather cold; when in warm room auricles both redder and warmer than usual [1-4]; in evening air, left cheek and ear red, hot, and burning.

Congestion. 3 p. m. ears felt as if they would burst from sudden rush of blood to head, lasting about 2 hrs., lessening gradually — the same condition repeated on day following at 3 p. m. and after supper; head and ears both feel congested.

Soreness. Sensation of soreness in ears [2-2], with slight pains in both; soreness anterior to tip of mastoid, the sensation the same as before she had the mumps [nothing abnormal is visible. — Ex.].

Itching. During evening a persistent tickling, extending from throat into left Eustachian tube, almost to ear, with sensation of fulness in ear, and with inclination to contract faucial muscles to give relief, the same itching continuing on following morning but ceasing during day, and confined to left side, with no tinnitus or autophony [no objective appearances or functional changes. — Ex.]; itching in r. ear; in evening distinct and unusual sensation of itching just within meatus, alike on both sides, lasting 10 min. after taking dose; itching back of ears[1-2]; on waking, itching between ear and throat on both sides, lessening through day, > by snorting; some itching of external auditory meatus.

Stinging sensation in left mastoid.

Moisture. Feeling of moisture in canal.

Deafness. Hearing somewhat diminished, < r.; feels as if people do not enunciate clearly in speaking when they are near, voices seem clearer when heard at some distance [1-5]; hearing more obstructed than common, must listen more intently, with feeling as if Eustachian tube was plugged; general dullness of sound, must listen attentively. Hears as through a cloud, catches second part of a word better than the first. Dullness of hearing increased with persistent use of drug, but after discontinuing ϕ and resuming dil. hyperesthesia, especially for high pitched sounds, returned.

Summary of Examinations

(Numbers refer to Ears.)

Auricles: redder than normal [6].

External canals: congestion and injection of vessels on superior wall near Mt.[6]; slight increase in cerumen [3].

Tympanic membranes: congestion of Shrapnell's membrane [3] < r.; unusual and very rapid dilation of blood vessels above Shrapnell's membrane following traction upon auricles [2]; congestion about short process of malleus [3] <r.; congestion down posterior border of malleus; injection along malleus less marked than prelim.[1], r.; membranes hyperemic [2]; slightly congested [1], r.; retracted [2]; lower quadrants of membrane showed pink reflex from median wall of tympanum [2].

Eustachian tubes: somewhat obstructed [2]; catarrh developed during proving [2]; mucus at mouth [1], l.; mucus at mouths prelim. but none at end of proving [2].

Hearing power for mechanical sounds (watch): unchanged [3]; increased [22] (5 markedly); decreased [9] (2 abnormally acute prelim.).

Hearing power for vocal sounds: unchanged [7]; increased [14] (1 markedly); < r. decreased [3].

Hearing power for fork by bone conduction: unchanged [4]; increased [11] (2 markedly); decreased [12] (2 markedly) < l.

Perception of musical sounds of varied pitch: unchanged [8]; more acute [2] (almost distressingly over-sensitive to fork tests, especially high tones, and to Galton whistle).

Lower limit of tone perception: unchanged [14]; raised [4] (2 slightly); lowered [2].

Upper limit of tone perception: unchanged [11]; raised [8]; lowered [6] (2 very perceptibly, sclerotic).

7. Smell and Nose

Dryness. Nose feels dry [16–35]; mucous membrane of nose feels dry and parched; nasal mucous membrane dry; nasal cavities dry and sore; dryness of nose, with soreness [2–3]; subjective dryness of nose, but objectively less redness, and dryness not noticeable; nose completely dry; dryness in nose causes pain.

Nose very dry [8–12]; 20 min. after each dose, nose became very dry and so continued for about 4 hrs. [2–4]; mucous membrane of nose very dry.

Nares feel very dry; anterior nares dry [2–2], with soreness; dryness of nares.

Nostrils dry [4–4]; on rising, dryness of nostrils.

Naso-pharynx dry [4–4]; dryness of naso-pharynx nearly all day; all mucous membranes of upper air passages dry [1–3].

Pain in nose due to dryness.

Scabbiness. Nose scabby; scabs in nose.

Tickling in nose, followed by sense of dryness; tickling in throat; tickling in pharynx [4–4], inducing cough; tickling in throat excites dry cough [1–2], < nights, < warm

room; tickling in throat with cough in evening; from 9 a. m. until retiring at 10:30, and on following forenoon, a persistent tickling confined to l. side, extending from throat into Eustachian tube, almost to ear, with sensation of fulness in ear, and with inclination to contract faucial muscles to give relief; tickling in upper trachea, causing cough; tickling in trachea just above sternum; tickling in pharynx.

Itching of nose; on waking, itching between ear and throat, on both sides, > through day, > snorting; itching high up within nose.

Tingling in r. nasal orifice.

Smarting in nose, < r.

Burning. Nose burns [1-2]; burning and dryness of naso-pharynx.

Sneezing. Spasm of sneezing followed by dull pain over l. eye; sneezing [5-6], with tickling in nose, followed by sense of dryness; frequent sneezing 4 or 5 times in succession [1-2]; sneezing on returning to warm room from cold air.

Redness. Nostrils very red, alæ of nose red and sore; redness of tip of nose with inflamed, tender pustule just within l. anterior naris on alæ.

Soreness. Nose sore, with dryness [4-8]; anterior nares dry and sore; soreness in both nares equally, but no discharge; soreness in l. nostril, feels like a boil; alæ of nose sore.

Soreness in naso-pharynx.

Epistaxis. On rising, epistaxis, r. nostril, blood bright red, stopped readily by cold water; bleeding from nose; epistaxis of bright red blood at 9 p. m.[1-2]; nosebleed without any irritation; some bleeding on blowing nose; slight epistaxis in evening; small blood-clots blown from nose; nosebleed, blood bright red; nosebleed at 4 p. m., lasting 20 min., saturating two handkerchiefs (not subject to epistaxis); slight nosebleed with blood rather darker and thicker than normal; had four attacks of profuse nosebleed after discontinuing drug.

Stuffiness. Sensation as if a cold were coming on; feeling as of cold in the head; nose stuffed and sensitive to cold air; nose feels stuffed and very dry; sensation as if nose were occluded, when open as freely as usual; nose feels stopped up [1-3] and dry; nose stuffy [1-2] but no other symptoms of cold; nose obstructed, forced to breathe through mouth at night; nose stuffy [1-2], with difficult breathing; nose feels dry and stopped up (late in day); nose "feels as though it were thick," and no change in appearance; head stuffed, voice seems to echo in ears.

Secretions. Nasal secretion < in a. m., but upon examination nose appeared less congested than before; nose watery; a clear, white, pasty, mucous discharge from nose in a. m.; thick discharge from nose streaked with blood; handkerchief after using was stiffened from nasal discharge, as if it had been starched; secretions of nose absent; blood in mucus from nose; sticky mucus in nose and mouth.

Thick discharge from posterior nares; tenacious mucus in posterior nares; yellowish discharge from posterior nares; hawked from posterior nares some lumps of almost solid mucus, grayish-white in color; thick discharge from posterior nares.

Profuse, watery discharge from both nostrils [1-2] for one hour without sneezing.

Much bland, post-nasal discharge [1-2], yellowish and white.

Tissue Changes. Nose. Small, red, bean-sized macular spot appeared at end of nose, l. side, with soreness, slight pain and swelling.

Alæ of nose red and sore.

Much soreness in l. nostril, feels like a boil.

Inflamed, tender pustule just within l. anterior nares, on ala, with redness to tip of nose, the nose feeling sore and itching, with dryness high up within.

Small ulcers on each side of nasal septum.

Curative Effects. [Very much less excoriation on both sides of septum than before proving, also less congestion in oro-pharynx. — Ex.]

[Early in proving, nose and throat presented a more normal appearance than on preliminary examination (post-nasal catarrh noted), but a week later, marked increase of dryness and redness of naso-pharynx became apparent. After the proving, the redness entirely disappeared, and the parts had a more healthy appearance than before the proving, because of the lessened secretion. — Ex.]

[The mucous membrane (of nose and throat) has a more normal appearance than on preliminary examination, (post-nasal catarrh then noted). — Ex.]

Summary of Examinations

(Numbers here refer to Examinations.)

Nose. Nostrils congested.

Nares abnormally dry [5]; mucus encrusted anteriorly [5]; congested.

Mucous membrane: abnormally dry [21]; congested [10]; reddened [8]; pale [5].

Turbinates. Inferior: enlarged, < l.[4]; reddened; dry; congested, < l.[7]; flecks of blood, r.; posterior ends pink;

posterior end more boggy. Middle: dry; congested [3]; inflamed.

Septum: inflamed, r. and l.; small ulcers, r. and l.; mucus dries in scales.

Naso-pharynx. Mucous membrane: abnormally dry [10]; pale [2]; reddened [6]; congested [4]; inflamed [2].

Vomer: dry; infiltrated; congested [2]; inflamed.

Eustachian prominences: dry; red; congested; inflamed [3].

Sense of Smell. (Numbers here refer to provers.) Unchanged [6]; more acute [2]; less acute [2]; lost [1].

8. Upper Face

Upper Face. Face has besotted expression [2-2].

Face mottled in appearance, as though jaundiced, on temples and forehead — elsewhere red places and dull purple spots; in p. m. face red, hot, and blotchy on both sides; in p. m. after nap, face flushed and blotchy, < l. malar bone, with heat.

Stooping down makes face and head feel as though they would burst from pressure of blood.

Face cold and felt as if growing white, but looked red and was objectively hot.

Face felt hot; hot, burning face [1-2]; heat in face, as after riding in the wind, with burning and smarting [1-2].

Face red [2-2], < p. m.; face red from rush of blood [1-2]; since taking drug, more color in the face than natural; face flushed [7-8]; face flushed, but not forehead; face looks flushed and pinkish; congested appearance of face [2-2].

Face pallid, and people remarked upon his sick appearance; face had sick expression; looks pale and worried.

Skin of face feels dry [4-4] and scaly.

Itching of face.

Slight eruption on face; pimples on face.

Forehead. During day, pains in upper part of forehead, dull in character, going from r. to l. and vice versa; extremely severe pain in forehead, sharp, but of short duration; pain in r. forehead.

Pimples on forehead; papular rash on forehead; a pimple with much circumscribed tenderness on r. frontal eminence; pimple appeared on forehead, became pustular and required to be cauterized.

Temples. Temples sensitive to touch; throbbing in temples with sensitiveness to pressure; temples sensitive to pressure.

Pain above r. temple; pain in r. temple [2-2]; sharp pain in r. temple going to back of head.

Sharp, twinging pain in l. temporal region [3-5]; sharp pain in l. temple into and through l. eyeball [1-6]; sudden, sharp pain in l. temple, recurring through entire day, < p. m., making l. eye water, burn, and smart.

Around eyes. Eyes sunken, with dark rings beneath them; puffiness of upper lids on rising; drooping of eyelids.

Dull pain at point just above r. eyebrow; dull pain through eyebrows; a momentary, dull heavy pain under both eyebrows, between temples, accompanied by sensation as if something opened and shut; momentary pain under r. eyebrow in region of superior oblique muscle.

Sharp pain over eyes; sharp pain under l. eyebrow shooting backward; sharp, momentary pain in r. eye and over l. eye [1-2]; sharp, stitching pains in upper eyelids; pain in eyeballs shooting back into cranium.

Aching in middle third of face, including eyeballs [1-4].

Small, sore pimple on r. upper eyelid; pimple on edge of lower eyelid; sty on r. upper lid; pustules on outer canthus of l. eye.

Sides of face. Cheeks flushed; l. cheek and ear red and burning.

Itching r. side of face [1-2]; itching, stinging, and roughness on l. cheek.

Dull pain in region of r. cheek-bone; dull pain in r. side of face.

Dull pain in l. side of face; severe, slow, steady pain in l. side of face, beginning just below ear, back of jaw, involving lower jaw only, extending through jaw to first molar tooth (which is decayed, tender, and has ached before) — this came on first at night, but much < by cold air next day (temperature 7°, with snow), becoming very severe, the pains being dull and lasting rather than sharp and intermittent.

Sharp, stitching pains in r. face [1-3]; sharp, migratory pains in r. face.

Aching in malar bone; aching pain in r. side of face.

Nose. Alae of nose red and sore; tip of nose red and sore; small, red, sore, macular spot on end of nose, l. side.

9. Lower Face

Lower Face. Sharp pains in lower part of face.

Lips. Lips dry [9-16]; lips very dry [3-4]; lips very dry all day; lips dry [1-2] and parched; lips dry, sore, and cracked [2-2]; lips as if chapped; lips rough and dry [2-3]; lips burning; lips stick together [2-2]; thick, gluey substance collected frequently upon lips and teeth; lips

cracked [2-5]; lips dry and parched as if about to crack or chap, made worse by constant moistening; lips dry and have to be continually moistened; no thirst except to moisten lips; lips sticky and parched; lips agglutinated by saliva; lips sticky as if covered with mucus; sticky mucus on lips and teeth which had to be brushed away; lips parched and agglutinated by viscid saliva; lips stick to teeth and gums, difficult to separate them; lips as if chapped, and stinging when touched by tongue.

Cold-sore on upper lip; on l. upper lip fever-sore developed rapidly; small fever-sore on upper lip near angle of mouth.

Dull pains about lower lip. Sharp pain about lower lip.

Jaws. Slight pain on r. side of jaw; pain in r. jaw; dull pain in l. jaw; sudden, dull pain in l. side of face, especially in l. lower jaw, recurring at intervals during day in jaw, covering small space only, not severe, but quite uncomfortable; dull pains about lower jaw; dull pain in region of lower jaw, r.; severe pain in lower jaw, r. side.

All day, sudden, shooting pains (going suddenly) in all the teeth, alveolar processes and jaws, < l., < pressure.

Aching in r. jaw.

Glands slightly swollen under angle of jaw; enlargement of submaxillary glands; swollen glands under angle of jaw.

10. Teeth and Gums

Stickiness. Sticky mucus on lips and teeth which had to be brushed away; lips stick to teeth and gums, difficult to separate them; thick, gluey substance collected frequently upon lips and teeth.

Sensitiveness. Gums tender.

Congestion. Congestion of gum between the two lower incisor teeth.

11. Taste and Tongue

Taste in Mouth. Bad taste in mouth [1-2] as if tongue and whole inside of mouth were coated; bad taste in mouth [1-2], < at base of tongue; bad taste in mouth [8-9]; bad taste in mouth on rising; all day an indescribable taste in mouth; very bad taste in mouth.

Sour taste in mouth after eating [1-5], lasting 2 or 3 hrs.; after meals peculiar, sour taste in mouth; sour taste in mouth with dryness.

Bitter taste in mouth [4-6].
Putrid taste in mouth, with slimy mucus [1-3], < mornings.
Feverish taste in mouth.
Salty taste of saliva, which is scanty and thick.
Metallic taste in mouth; a marked, metallic taste in mouth.
Sweet taste, after eating sweets, remains a long time in the mouth, even 2 or 3 hrs.

Taste of Food. Taste perverted; food seems tasteless and unnatural [1-2]; all food tastes flat, or bitter [1-2]; water has a very peculiar taste; food has no taste, cannot distinguish between meat and bread; cannot tell nature of food by taste; all food tastes alike, as if he "chewed rags" [2]; unnatural taste to food; loss of taste while eating a nut, had to take water to swallow it; nothing tasted good.

Summary of Examinations

(Numbers refer to Provers.)

During proving perception for *sweet*. Unchanged [3]; increased slightly [4]; increased [2]; increased markedly [1]; decreased slightly [1]; decreased [1]; during last half of proving perception for sweet lessened [1]; taste for sweet lost (prelim. exam. normal); taste for sweet was abolished, all solutions tasted "like water" (good in prelim. test).

Perception for *sour*. Unchanged [4]; increased slightly [3]; increased [4]; increased markedly [1]; decreased slightly [2]; decreased [1].

Perception for *bitter*. Unchanged [7]; increased slightly [2]; decreased slightly [1]; decreased [1].

Tobacco tasted like cork; taste of salt very disagreeable, almost causing vomiting.

Tongue. **Dryness.** Tongue dry [4-7]; tongue very dry [2-3]; tongue so dry that it sticks to roof of mouth [3-3], < at night; tongue dry, hot, with white coating, and felt thick and cottony; glazed sensation on tongue; tongue so dry it almost cracked crosswise; base of tongue parched; tongue dry, fissured, and brown.

Soreness. Tongue sore [2-2]; whole tongue sore and tender; sides of tongue sore; tongue sore and red on tip, feeling as if it had been bitten; base of tongue parched and sore; base of tongue sore [1-3], < l.; soreness of under side of tongue on left.

Stickiness. Tongue sticks to roof of mouth [3-3], < at night; tongue sticky; tongue coated with white sticky substance.

Cracked. Tongue cracked; tongue dry, glazed, and cracked; tongue so dry that it almost cracked crosswise; tongue dry, fissured, and brown.

Swelling. Tongue seems thick [1-2].

Heat. Tongue hot and dry.

Tongue Coatings. Tongue coated at base [2-2]; back part of tongue slightly coated [1-3]; tongue coated with thick slimy mucus; tongue considerably coated, with marked disturbance of stomach; tongue flabby and pale; tongue coated heavily; there seemed to be a moist, sticky coat over a dry surface of mouth and throat.

Yellow coating down centre of tongue; tongue coated yellow [2-2]; tongue coated yellow at base; thick, yellow coating on tongue which can be easily scraped off; tongue coated yellow, mostly at base, with tip bright red, but dark in color.

White coating on tongue [1-2]; heavy, dirty white coating on back part of tongue and slightly in front [1-3]; tongue coated white on back and along middle, but red at tip and along edges; white coating on tongue, which felt hot, dry, thick, and cottony; tongue coated with white, sticky substance; tongue whitish, with red papillæ and red tip; triangular coat on base of tongue; slight grayish coat on sides.

Brown coating slight, on tongue; brownish secretion with brownish coating on tongue.

Red coating on edges and tip of tongue.

"Strawberry" appearance of tongue; papillæ prominent, clear triangle at tip; this condition of tongue observed on two successive weeks, with coating clearing 5 days later, but papillæ remaining prominent.

Tissue Changes. Small, soft papule on frenum of tongue, with slight feeling of soreness, like canker.

12. Inner Mouth

Dryness. Dryness of mouth [15-27]; mouth dry [16-54]; mouth very dry [15-49]; on waking, mouth very dry [2-2]; dryness in mucous lining of mouth without marked decrease of secretion [1-5]; dryness of mouth nearly all day, not > by drinking water; mouth dry, has to drink water to moisten [1-3], but not from thirst; constant effort to moisten mouth and throat with tongue; dryness of mouth all day, < morning; mouth dry, but without especial thirst [3-4]; mucous membrane of mouth feels dry and parched; mouth and lips parched [1-3] and agglutinated by saliva; mouth and throat parched, but without thirst; dryness of mouth and throat, > temporarily by drinking water; mouth feels parched and looks dry; painful dryness of mouth [1-6]; awoke with very dry mouth; marked

dryness of mucous membrane of mouth [3-7]; mouth so dry that it awakened him from sleep; great dryness of mouth itself, without thirst, and without much dryness of throat; mouth so very dry that talking was difficult; on rising dryness of mouth with bad taste; dryness of mucous membrane in mouth [1-3]; sensation of dryness and heat in mouth and throat with marked decrease of secretion [1-5]; marked dryness of mucous membrane of mouth, so much so that eating was difficult; mouth so dry, found difficulty in thoroughly moistening food after prolonged mastication; great dryness of mouth and throat, mouth so dry could not eat without drinking water; dryness of mouth and throat makes it difficult to swallow food; mouth and throat so dry and sticky he could hardly eat; half an hour after taking drug, dryness of mouth and throat [1-2], not > by water and with no perceptible flow of saliva [1-2]; dryness of mouth and naso-pharynx nearly all day, not > by drinking water [2-2]; dryness of mouth and throat, not > by water; water > dryness of mouth only a few minutes; on waking, mouth was moist but became dry 1 hr. after taking drug; dryness of mouth all day [1-2], < morning; mouth dry, with sour taste; dryness of mouth began 2 hrs. after dose with bad taste; desire to swallow because of dryness of mouth; dryness in mouth and throat with constant desire to swallow; mouth dry, but no thirst; mouth and throat dry and parched without thirst [2-3]; not thirsty but wants to drink to > dryness of mouth; mouth and throat very dry but without thirst; all day dryness and scratchy sensation in mouth, > drinking; dryness of mouth and throat, > temporarily by drinking water; dryness of mouth seems to be > by eating sweet things, the relief lasting only a few minutes; mouth feels parched and looks dry; mouth dry and irritated; mouth and throat looked red, dry and glistening; mouth very dry toward evening and night, < toward morning; mouth so dry it awakened him from sleep; sensation of great dryness of mouth and throat, and yet a great deal of ropy mucus.

Stickiness. Mouth sticky [2-2]; in spite of dryness, a sticky ropy saliva all over surfaces of mouth and throat; some sticky mucus in mouth; throat feels dry, yet it is moist and covered with sticky and very tenacious mucus; mouth and throat so dry and sticky he could hardly eat.

Sensitiveness. Mouth tender; mouth tender on chewing [1-2]; crust of bread hurts mouth.

Scraping. Scratchy sensation in mouth, with dryness, > by drinking.

Burning. Sensation of heat in mucous lining of mouth [1-5] and

throat [1-5]; sensation of heat in mouth; burning in cheeks and fauces; fauces and cheeks dry and burning, and felt as if when touched the mucous membrane would stick to finger and peel off.

Soreness. Mouth sore.

Odor of Breath. Breath offensive; putrid odor in mouth.

Secretions. Mouth sticky [2-2]; mouth feels slimy; increased secretion of saliva, but sensation of dryness in mouth; tenacious mucus in mouth; saliva scanty, thick, ropy, tenacious, cottony.

Saliva. Saliva scanty [2-2]; very little saliva [2-2]; almost entire absence of saliva in mouth; no perceptible flow of saliva [1-2]; scanty secretions in mouth and throat.

Saliva increased at times; secretions of mouth slightly increased; slight increase of saliva and thin mucus in oropharynx; increased secretion of saliva, but sensation of dryness in mouth; increase of saliva accompanied by dryness of pharynx.

Saliva thick [4-11]; expectoration thick and tenacious [2-2]; thick, sticky saliva; sweets (food) thicken saliva so that swallowing is difficult [1-4].

Saliva viscid [2-2]; saliva so thick and viscid it can be rolled up in lumps by the tongue.

Saliva sticky [4-7]; saliva very sticky [1-3]; thick, sticky saliva; saliva dry and sticky, hindering deglution; saliva like cotton, which sticks to dry surface of mouth and throat when expectoration is attempted.

Saliva dry; saliva dry and sticky.

Saliva frothy [4-14].

Saliva white as snow [2-2]; mouth feels furred, with white, frothy saliva.

Saliva of salty taste.

Ropy saliva all over mucous surfaces of nose and mouth; ropy saliva all over surfaces of mouth and throat; ropy secretion in mouth and throat.

Saliva like cotton; mouth feels as though it were full of cotton; tongue coated and thick saliva like cotton; saliva like cotton, which sticks to dry surface of mouth and throat when expectoration is attempted.

Mucus. Thick, gluey substance collected frequently upon lips and teeth; lips sticky, as if covered with mucus; sticky mucus on lips and teeth, which had to be brushed away; throat feels dry, yet it is moist and covered with sticky and very tenacious mucus [1-2]; some sticky mucus in mouth; mouth feels slimy; fauces felt dry although covered with slimy mucus; slimy mucus in pharynx.

Mucus in throat so tough it cannot be expelled, but causes retching; efforts to clear out mucus caused empty retch-

ing; pharynx filled with viscid mucus; secretions in mouth viscid; sensation of great dryness of mouth and throat and yet a great deal of ropy mucus; surface of mouth and throat was covered with a ropy, tough mucus.

Frothy mucus in mouth; profuse secretion of watery mucus in mouth, with disgust for food.

Tissue Changes. **Mouth.** Small papule on inner surface of gum, r. side, sore to touch.

Round cankers in mouth, which are quite sensitive.

Summary of Examinations

(Numbers here refer to Examinations.)

Mouth. Mucous membrane: abnormally dry[10]; glistening; pale; dark red; congested.

Secretions. Mucus, in mouth and on pharyngeal walls; diminished[12]; increased[2]; dry[2]; thin[3]; frothy[3]; thickened[4]; sticky[2]; stringy[2]; tough[2]; glairy[2]; viscid[4]; tenacious[11]; adherent[8]; dry, compact chunks, difficult of expulsion.

13. Throat

Dryness. Fauces dry and burning, and felt as if when touched mucous membrane would stick to finger and peel off.

Tonsils dry; tonsils dry and sensitive; tonsil r. has somewhat glazed appearance; parched dryness of tonsils from one dose to next, > on omitting one dose.

Pharynx dry[9-26]; pharynx dry, < 10 a.m., < after swallowing.

Pharynx very dry; dryness intense in upper and back part of pharynx, necessitating constant swallowing; sensation of dryness on posterior wall of pharynx; back of pharynx dry[2-2], < empty swallowing; upper part of pharynx painfully dry[2-2], < empty swallowing; pharyngeal, mucous membrane intensely dry[1-2], < towards night, causing great thirst and difficult swallowing[1-2]; mucous membrane of pharynx very dry.

Throat feels dry[22-115]; dryness, roughness, and sensation of heat in mucous lining of mouth and throat during p. m., without marked decrease of secretion[1-5]; throat very dry with soreness during latter part of day and evening; half an hour after taking drug, dryness of mouth and throat, not > by taking water[3-3]; dryness of throat > by drinking[2-2]; dryness of throat as if from dust; on rising, throat dry[2-2]; < swallowing[2-3]; had to get water during the night to moisten throat; throat so dry that food sticks; throat dry, scratchy, and parched[1-2], as after running, without thirst; throat feels dry 20 min. after tak-

ing drug, has to swallow frequently to moisten throat; throat feels dry and congested, from ear to ear, as though choked by the hand; throat feels dry and dusty, but looks moist; dryness of throat exciting violent paroxysm of dry cough; on waking, mouth was moist but became dry one hour after taking drug; mouth and throat parched, but without thirst; dryness of throat > temporarily by drinking; must swallow continually to moisten throat; desires frequent sips of water on account of dryness of throat; water does not relieve dryness of throat; throat parched, dry, feels as if it were all shrivelled up; subjective dryness of nose and throat, but pharynx and naso-pharynx look pale and dryness is not particularly noticeable.

Throat very dry [28-60]; painful dryness of throat [1-5]; lower part of throat especially dry, with difficulty in swallowing [1-3], < dampness, > cold air; much dryness of throat and hoarseness, < in well-warmed room; throat very dry. > few seconds only by sips of water; great dryness of throat < cold, out-of-door air, making it difficult to swallow; throat very dry on rising [2-4]; great dryness of throat, almost painful, all day, < morning; throat parched [1-4], < smoking; marked dryness in throat [1-4], > by eating, causing sensation of choking; 20 min. after each dose, mouth, throat, and nose became very dry and so continued for about 4 hrs. [1-3]; great dryness of mouth and throat extending to nose; throat painfully dry with constriction, the dryness extending to both trachea and esophagus; throat became very dry soon after beginning drug, and so remained for many days, without thirst, < by walking; mucous membrane of throat very dry.

Soreness. Fauces. On waking, soreness of l. faucial pillar, which continued all day [1-2], but no congestion visible on inspection; r. pillar of fauces sore [1-2].

Tonsils sore [1-3]; both tonsils very sore, < l.

Pharynx sore, < empty swallowing; upper part of pharynx sore; back part of pharynx sore; pharynx sore < swallowing.

Throat sore [17-47]; on rising, throat dry and sore [1-3], < swallowing [1-2]; soreness of throat extends to ears [1-2], < swallowing, talking, and coughing [1-2]; sore throat, < on swallowing [2-2]; < by outside pressure; < r. side [1-2]; < p. m.; < after 4 p. m.; < night; > few seconds only by sip of water; first r. and then l. side; sore throat, < l., eating; soreness of throat extends to trachea; soreness of throat on swallowing, talking, and coughing; 2 hrs. after taking dose, sore throat [1-2] on r. side only; throat sore on r. side [2-9]; sore throat upon waking; sore throat with sensation of fulness in r. and l. ear alternately; sore

throat always < mornings before eating; throat very sore, < r., in back part of pharynx and extending upwards; sore throat, > hot drinks, < p. m.; throat sore with dryness on l. changing during night to soreness on r.; soreness on swallowing, which seemed sore most of p. m.[1-2] and evening; soreness of throat when swallowing; throat sore and red below tonsils; marked hyperesthesia of entire nasal and pharyngeal tissues.

Rawness. Sensation in throat "as if raw" when swallowing water; raw feeling in throat with scraping[2-2]; throat feels raw[3-4]; rawness of throat[1-2], with dry hacking cough; empty swallowing gives sensation of raw surface; cold wind makes throat feel raw.

Scraping. Sensation of scraping in throat[6-15], with dryness, < by hawking and singing[8]; scraping feeling in throat with rawness; scraping[1-6] in back part of pharynx; scraping, with hoarseness, before palate to suprasternal fossa; scrapy feeling in throat with much effort at clearing; scratchy sensation[2-2] with dryness in mouth and back of nose all day; scraped sensation with rawness in throat.

Roughness of throat[3-7]; roughness and dryness in throat, as if he had eaten green persimmons.

Irritation of throat[2-2]; mouth irritated, with dryness; throat very irritated; throat very irritable.

Sensitiveness of tonsils with dryness; throat somewhat sensitive; sensitiveness of nose with frequent sneezing; throat very sensitive to cold air; nose sensitive to cold air, throat sensitive, exam. caused spasm of coughing.

Sensation of Foreign Body. Sensation of splinter in pharynx, lasting a short time; sensation as of something in pharynx; pain as from splinter in roof of pharynx; sensation as of mucus in naso-pharynx, but nothing comes away; sensation of ball, or hard substance, in back of throat, not relieved by swallowing; at breakfast, sensation as of knife-blade in throat on r. side; mouth feels as if full of cotton; sensation of foreign body on swallowing.

Redness. Marked redness of pharynx; redness of throat[1-10]; hypertrophic condition of r. tonsil <, appears enlarged, bright red, and somewhat glazed; throat sore and red below tonsils.

Burning. Sensation of heat in throat[1-5]; sensation of heat and burning in pharynx without objective symptoms.

Congestion. Pharynx slightly congested[2-2]; pharynx injected and granular; entire mucous membrane of upper passages congested; throat congested; tonsils injected, < r.; increased hyperemia of throat; r. tonsil injected; throat felt congested; congested feeling through nose

and frontal region; throat congested; veins of throat congested; marked congestion of throat.

Inflammation. Marked inflammation of pharynx; 4 p. m. weak sensation all over, similar to that once felt when tonsilitis was developing. (See Sum. of Exams.)

Pain. Shooting upward, from pharynx to l. ear [1-2]; momentary, sharp, cramping pains from r. tonsil to larynx leaving a little stiffness; pain as from splinter in roof of pharynx; about 6 p. m. slight sticking pain in l. tonsil; soreness of throat with sharp pain shooting towards r. ear upon swallowing, < nights [1-3]; pain in throat caused by drinking [1-3]; pain extending from throat to r. ear; soreness of throat with pain shooting to l. ear upon swallowing, with inclination to swallow oftener than usual [1-2].

Swelling. Throat swollen [3-3], < r.; feeling as though tonsils were swollen [2-2]; tonsils swollen and injected, < r.; sensation of a lump in throat [3-8]; of lump on r. side of throat; tight, swollen feeling in pharyngeal muscles, extending to ears; uvula broad and elongated; sensation of relaxation of palate; sides of neck swollen until even with cheeks.

Fulness. Sensation of fulness in throat [1-2] on both sides alike, later extending to ears; throat felt full, with inclination to swallow frequently; sensation of fulness in ears, following sore throat [1-2]; 2 p. m. fulness in throat preceded headache; sense of fulness in frontal sinus; sensation of pressure in pharynx extending to temples, from nausea.

Secretions. Fauces covered with slimy, mucous saliva, though feeling dry.

Pharynx. Slight increase of saliva and thick mucus in oropharynx; pharynx fills with viscid mucus; increase of saliva accompanied by dryness of pharynx; slimy mucus in pharynx.

Throat. Mucus in throat thin, colorless, tasteless, and difficult to dislodge; much mucus throughout day in lower part of throat [1-2] dislodged with difficulty; colorless phlegm in throat, difficult to start; much sticky, ropy mucus in mouth and throat [1-2], but sensation of great dryness; throat moist and covered with sticky tenacious mucus, but feels dry; sticky white mucus in throat; secretions of mouth and throat slightly increased; thick, stringy mucus in throat, raised with great difficulty: slimy coating on back of throat; tenacious mucus hawked up with difficulty; increased catarrh from throat; stringy mucus in throat very hard to dislodge; constant hawking of stringy, very tenacious mucus; mucous secretions from both nose and throat became viscid, sticky, semitransparent, and lumpy, and so tough that they could be pulled out in strings; expectoration thick and tenacious;

stringy, tenacious mucus in throat with intense dryness; mucus in throat so tough that it cannot be expelled but causes retching; scanty secretions in mouth and throat; expectoration of white frothy mucus, streaked with blood, (a new symptom which he had never had before); ropish secretion in mouth and throat; mucous discharges from nose and throat white and slimy, with increased dryness; difficult expectoration of thin white mucus in small quantity; expectoration of dark blood-clots, yellow phlegm; expectoration almost impossible; there seemed to be a moist, sticky coat, of ropy, tough mucus over dry surface in mouth and throat; throat full of mucus, replaced as fast as removed.

Clearing. Desire to clear throat [3-3]; during p. m. continually clearing throat of accumulated mucus; constant necessity of clearing throat from accumulated mucus, which is thin, colorless, tasteless, and difficult to dislodge; inclination to clear throat [2-2]; constant need to clear throat; continually clearing throat by hemming; desire to clear throat all day [1-2]; had to clear throat frequently all day, but voice not hoarse; hemming but no mucus; much effort at clearing throat, with scrapy feeling; efforts to clear throat from mucus caused empty retching; much hawking [2-2], raising much phlegm, but with difficulty.

Constriction. Sensation of constriction in throat [2-2]; throat feels like a "narrow, sore ring"; sense of constriction with dryness in larynx; sensation in pharynx, on either side, as though being gagged; throat painfully dry with constriction; drinking cold water causes constriction in throat, but warm tea does not produce this effect; sensation of constriction around throat as though collar were too tight, with dullness and heaviness in head; sensation as though mucous membrane of posterior pharynx were drawn up by astringent.

Spasms. Empty swallowing attended with painful contraction and spasms of pharynx.

Stiffness. Throat stiff and parched; upon waking, sore throat and stiffness of neck; throat felt hard and stiff when swallowing, with soreness.

Dysphagia. Hard to make muscles of throat act when first swallowing; deglutition difficult [5-5]; food lodged in throat [2-2]; difficulty in swallowing food on account of dryness of throat [6-7]; impossible to swallow anything dry, must partake of fluid at same time; throat so dry that food sticks, not > by drinking [2-2]; must moisten food previous to swallowing; difficulty in swallowing solids, had to wash them down; while eating a nut had to take water to swallow it; had to take a drink of milk

or water every time he took food to wash it down; sweets (food) thicken saliva so that swallowing is difficult or impossible without water [1-4].

Desires. Desires frequent drinks of water on account of dryness of mouth and throat, rather than from thirst (many provers); inclination to swallow frequently because throat felt full; disposition to swallow frequently, but pain makes him desist.

Aching. Throat aches [1-2].

Wheezing. Throat and upper part of chest wheezy in morning on waking; throat feels wheezy in a. m.

Tissue Changes. Glands slightly swollen under angle of jaw.

Enlargement of submaxillary glands.

Swelling of both sides of neck, below angles of jaw, with swelling and hardness of submaxillary glands, not tender upon pressure, with increased salivary secretion, but without apparent involvement of either parotid or sublingual glands; later, sides of neck swollen until even with cheeks.

[The slight congestion of oro-pharynx and faucial pillars noted in prelim. exam. is less. — Ex.]

[When commencing to take drug, had sore throat with sharp pain on swallowing, remains of a cold; this disappeared entirely by night. — D.]

[Less inflammation of pharynx than was observed before medication began; soreness and pain relieved. — Ex.]

[On 2d day of drug, the membranes of the pharynx and larynx changed from the bright congested color (prelim. exam.) to a paler hue. — Ex.]

Summary of Examinations

(Numbers here refer to examinations.)

Soft Palate. Abnormally dry [3]; dark red; congested; congested at margin; congested in patches; inflamed [3].

Uvula. Relaxed; dry; dark red; red rash on back; round, red elevation similar to eruption of measles.

Tonsils. Enlarged, < r.[3]; dry [2]; red [2]; congested [2]; inflamed [4].

Fauces. Mucous membrane: hyperemic.

Pillars: dry [2]; reddened [7]; inflamed [2].

Pharynx. Mucous membrane: abnormally dry [32]; abnormally pale [15]; glistening [4]; reddened [4]; congested [12]; inflamed [4]; thickened.

Follicles: swollen [3]; more inflamed [2]; prominent [3]; groups more distinct [4].

Glands. Submaxillary enlarged [3] l.

Lymphatic, about neck, unaffected [5].

14. Appetite, Thirst, Desires, Aversions

Appetite. Appetite decreased[3-4]; appetite poor[1-6] (usually excellent); could not eat; > by lying down, > by walking in open air, < while indoors; no appetite for supper; no appetite[4-4]; cannot eat anything; appetite entirely lost. Ate very little, but troubled with sensation of hunger[1-4]; loss of appetite; no appetite for dinner; loss of appetite for supper; ate neither luncheon nor dinner; complete loss of appetite; appetite for breakfast not good; poor appetite for dinner; gnawing, gone sensation in stomach, with lack of appetite, and nausea.

Thirst. Thirst[4-4] with frequent draughts of water[2-7]; wants to drink water very often; thirst for large draughts of water at frequent intervals.

Very thirsty for large quantities of water; great thirst, not > by profuse flow of saliva, desire to drink whole tumbler of water at a time; desire for water nearly all day; increased thirst[1-3]; very thirsty[1-3]; great thirst; extreme thirst.

Much desire for cold water[1-2]; desire for cold water. Great thirst not satisfied with water, but quenched by lemonade; great thirst all p. m. and evening, finally quenched by cider; great thirst all day as from "inward fever" only > by acid drinks; thirst which is < by water; very thirsty, water > only while drinking.

Absence of thirst[1-2]; almost entire absence of thirst and, when present, satisfied with very little water; no desire for water.

Desires. Craves coffee, which is unusual.

Aversions. Inability to eat anything sweet or sour; especial aversion to eggs; aversion to eating; aversion to meat; aversion to anything which needs chewing; could not eat dinner because of disgust for food.

15. Eating and Drinking

Eating. Eating apparently > symptoms.

Eating > dullness in head.

Eating > right-sided headache.

Eating > frontal headache.

Eating < headache.

Eating < frontal headache.

Eating < aching and smarting in eyes.

Swallowing < soreness in throat extending to ears.

Swallowing causes sharp pain in throat shooting to r. ear[1-3].

Swallowing causes snapping in ears.
Swallowing causes sharp pain in throat, shooting to l. ear [1-3].
Swallowing < pain in throat.
Swallowing < painful dryness in throat.
Swallowing < soreness of throat.
Swallowing < dryness, soreness of pharynx.
Eating sweets > dryness of mouth.
Eating > dryness of throat [2-2].
Eating > sore throat.
Eating > dryness and soreness of throat.
Eating < sour taste in mouth [1-5].
After meals peculiar, sour taste in mouth.
Swallowing soft food < constriction of esophagus.
Eating < nausea.
Eating > nausea.
Nausea < between meals.
Inability to eat anything sweet or sour.
After supper sour eructations.
After eating empty sensation in stomach.
Eating is followed by peculiar, gone sensation.
After each meal sensation of emptiness in stomach.
After each meal sensation as if stomach were full of air.
Eating causes cramping pain in umbilical region.

Drinking. Drinks water to moisten dry mouth and not to quench thirst.
Drinking does not > dryness of mouth and throat.
Cold water does not > dryness of mouth and throat.
Drinking water does not > dryness of mouth and naso-pharynx.
Drinking water does not > dryness of mouth and throat [2-2].
Drinking does not > dryness of throat [3-3].
Drinking large glass of water does not > dryness of throat.
Drinking temporarily > dryness of mouth and throat.
Hot drinks > sore throat.
Drinking causes pain in throat [1-3].
Drinking causes a feeling of rawness in throat.
Swallowing liquids < constriction of esophagus.
Drinking sips of water causes nausea.

16. Hiccough, Belching, Nausea, and Vomiting

Hiccough. Some hiccough.
Heartburn. Heartburn [1-2]; heartburn.
Eructations. "Belched wind" immediately after each dose; eructations of H_2S gas; considerable belching of gas: eructations of gas for 24 hrs.; belching of wind [1-3] for several min., at irregular intervals during day; after tak-

ing drug, gas forms in stomach which is > by repeated eructations; some tasteless eructations; sour eructations with some nausea; belching of flatus, which tasted like rotten eggs; sharp pain in epigastric region with some eructation which is slightly bitter; sour eructations after supper.

Nausea. Slight nausea [6-9]; nausea [3-8]; gagging; nausea began 1 hr. after breakfast; nausea in warm room; nausea [1-3] < indoors, not present when riding in the open; nausea ceased while out of doors, but continued during day when in warm room; extreme nausea [1-12]; nausea after every dose [1-5]; nausea accompanied by headache (seventh day of drug); nausea on waking; slight nausea and discomfort directly after breakfast, lasting some time; occasionally a slight feeling of nausea; nausea with gagging [1-2] even after retiring; nausea in p. m. [1-2]; nausea after dinner; nausea confined to pharynx and upper part of esophagus; nausea attended by sensation of pressure in pharynx, extended to temples; extreme nausea, without vomiting, beginning about 2 hrs. after breakfast and continuing till dinner was eaten; nauseated [1-2] all day, < between meals, somewhat > after eating; sick feeling at stomach when empty [1-3], symptoms apparently > by eating; nausea increased by odor of food, also by sweet and sour things; cup of coffee gave no relief to nausea and was ejected in ½ hr., later a cup of tea acted the same way, in evening was able to retain a piece of bread, but could not drink; nausea with distress in stomach; nausea with colic; nausea with sour eructations; nauseated on taking sips of water; nausea [1-3] < motion; marked nausea, < by motion; feels like vomiting; sickness at stomach; qualmishness at stomach; nauseated all day [1-3]; nausea, after riding, from about 2 p. m. until evening; nausea, with gnawing, gone sensation in stomach; great nausea at times with feeling of heat in stomach.

Vomiting. Inclination to vomit [1-2]; afraid to eat for fear of vomiting; sudden, violent vomiting with spasm of diaphragm, no nausea after contents of stomach were expelled; sudden, violent vomiting, with spasm of diaphragm — vomited matter expelled with great force and was bitter, sour, and very acrid — no nausea after contents of stomach were expelled; nausea, with vomiting [1-2], < by moving; drank large glass of water, which did not > dryness of tongue and which was ejected in 20 min.; cup of coffee was ejected in ½ hr.; later cup of tea acted in the same way; vomiting, material being in large quantities and bitter; dull pain in stomach, with desire to vomit; vomited once; in evening, feeling of great load

in stomach, > by vomiting; by putting finger down throat to relieve nausea, undigested food was vomited which had been eaten 6 hrs. before.

17. Scrobiculum and Stomach

Scrobiculum and Stomach. Pain in epigastric region; pain in stomach. Dull pain in epigastric region; 4 p. m. dull, pressing pain in epigastrium, followed in 10 min. by diarrheic stool, the pain lasting 1 hr. afterwards; dull pain in stomach [2-2]; dull pain in stomach and bowels followed by loose stool. Peculiar pain around stomach, following loose stool, after straining, with much flatus.

Distress at stomach; discomfort in stomach.

Soreness and aching in epigastric region, < 4 to 8 p. m.; after dinner, aching in stomach.

Sharp pain in epigastrium [2-2]; transient, cutting pain through epigastrium, between sternum and umbilicus, without tenderness; sharp, migratory pains in stomach [1-5]; sharp, stitching pains in stomach [1-4]; in l. side of stomach.

Colicky pains in epigastrium [1-2]; during breakfast, colicky pain in epigastrium, partially relieved by unsatisfactory stool; cramp-like pain in epigastric region; griping pain in epigastrium.

Weight in epigastrium [1-2]; heaviness in pit of stomach, which felt > from throwing shoulders forward; feeling of great load in stomach; heavy feeling in stomach; stomach heavy, with a disturbed sensation.

Stomach sensitive, cannnot bear clothes tight.

At times feeling of heat in stomach, with great nausea.

For an hour after waking, feeling of soreness at pit of stomach; discomfort in pit of stomach.

Bloating in stomach; stomach feels distended and sore; bloated feeling in stomach after eating; gas forms in stomach > eructations.

Qualmishness in stomach.

Hungry, gnawing feeling in stomach.

Sensation of emptiness in stomach; empty, gone sensation in stomach; sensation as though stomach were filled with air; peculiar sensation of emptiness in stomach 1 hr. after eating; empty sensation in stomach 1 hr. after lunch; empty sensation in stomach after each meal.

18. Hypochondria

Hypochondria. Pain in r. hypochondrium; pain in r. hypochondrium and edge of ninth rib; pain in l. hypochondrium.

Stitching pains and heavy, burning sensation in hypochon-

dria, < l.; burning pain in l. hypochondrium and edge of ninth rib.

Sharp pain in l. hypochondrium; sharp, momentary pain in liver[1-4]; sharp, stitching pains in liver; in liver, shooting to lower part of abdomen.

Free border of ribs sore to touch for 2 or 3 inches on each side of median line.

Soreness in region of upper border of liver.

Abdomen. Itching on abdomen[1-8]; itching as if something were biting all over abdomen[1-2].

Uneasiness in bowels; distress in abdomen[1-2]; early a. m. discomfort in abdomen.

Abdomen sensitive to pressure; pain on slight pressure all over abdomen.

Pains and aching all over abdomen; pain in abdomen[6-7]; much pain in abdomen; heavy pain in abdomen[2-2]; dull pain all over abdomen; morning pain in abdomen[1-5]; pain in bowels; distressing pain in abdomen somewhat > passing flatus; much pain and flatus in abdomen; pain in abdomen and passage of much flatus; severe, labor-like pains > flatus; heavy pain in l. side of abdomen; dull pain in l. side of abdomen; aching pain in l. side of abdomen.

Pain in abdomen as though preceding stool; pain over whole abdomen preceding stool; griping in abdomen preceding urgent stool; aching in abdomen preceding stool[1-2]; dull pain in bowels followed by loose stool; aching in abdomen preceding and accompanying stool; aching in abdomen preceding stool, but relieved afterwards; pain in abdomen with stool; slight pain in abdomen relieved by stool; pain in bowels > by diarrheic stool[1-3]; aching in abdomen before and during stool, but relieved by evacuation[1-3]; severe aching in abdomen preceding stool, > by evacuation.

Sharp momentary pain all over abdomen[1-4]; sharp, drawing pain in abdomen; shooting pain in abdomen; sharp, stitching pains all over abdomen[2-5]; in r. side of abdomen[1-3]; in l. side of abdomen[2-2]; in abdomen, especially from navel to r. groin; migratory pains all over abdomen[1-2]; sharp pain in r. side of abdomen; sharp, momentary pain in r. abdomen[2-4]; sharp pain in l. side of abdomen[3-7]; cramping pain in bowels[3-3]; cramping pains in abdomen[6-6]; severe, cramp-like pains in abdomen lasting 10 to 15 min.; cramps in abdomen; cramping sensation in abdomen, quite severe, but of short duration; slight cramp in abdomen soon after breakfast; severe cramps in abdomen, lasting 10 to 15 min., < upright position and walking, > sitting doubled up;

cramping, colicky pains in abdomen; colicky pains in abdomen [3-3]; colic with nausea; sharp, colicky pains high up in abdomen > by passage of flatus; colicky pain in abdomen accompanied by rumbling of gas; awakened at night with colic and extreme tympanitis; colicky pains distributed all over abdomen, relieved temporarily by pressure of tightened belt but lasting 4 hrs., without flatulence or diarrhea or other symptoms.

Sensation as though all the intestines were twisted and knotted like a bunch of angle-worms.

Bearing-down or pressure in the abdomen [1-4].

Abdomen distended [1-2]; abdomen much distended; abdomen very much distended; abdomen greatly distended, with feeling as though skin would burst; abdomen much distended with gas; more gas than usual in abdomen; much gas in abdomen; accumulation of gas in abdomen during evening; flatulence, < towards evening; abdomen much distended, with passage of flatus; passage of much flatus [2-2]; considerable flatus with offensive odor [1-2]; much unoffensive flatus passed per rectum; distressing pain in abdomen, somewhat > passing flatus; feeling of incarcerated flatus; flatus in abdomen; bloating in abdomen; bloated feeling in abdomen after eating; bloating in bowels, with cramps; tympanitis; extreme tympanitis.

Rumbling in abdomen [4-4]; increased peristaltic action of intestines [1-5].

Soreness in abdomen [2-2]; soreness in bowels, must walk carefully; soreness in abdomen < walking.

Weak, gone feeling in abdomen [1-3].

Abdominal symptoms < walking and motion, > urinating, passing flatus and remaining quiet.

Umbilical region. Aching pain in umbilical region.

Sore pain below umbilicus, not always > by passing flatus; soreness and aching in umbilical region, < 4 to 8 p. m.

Shooting, griping pains from umbilicus to pubes; griping pain in abdomen, below and to r. of navel, spreading from r. to l., > by urination.

Colicky pains in abdomen about navel; 5 p. m. colicky pain in umbilical region; colicky pains in umbilical region preceding stool; colicky, cramping, sore, aching pains at umbilicus [1-3] and across abdomen below umbilicus [1-4] and in lumbar regions, < l.; twisting pain in region of umbilicus.

Cramp-like pain in umbilical region [2-2]; after breakfast, cramp-like pain just below umbilicus, lasting 10 min.; at supper table cramping pain in umbilical region, < after eating an orange and after rising and moving

about; cramp-like pain at umbilicus and across abdomen, below umbilicus; cramp-like pain in epigastric and umbilical region.

Iliac region. Pain comes through from back to r. and l. iliac region; pain in l. iliac region; sharp pain in r. iliac fossa; pain below ileum running from spine downward and forward, < movement, > sitting quietly, beginning in p. m., sharper in evening; pain in ileo-cecal region; severe pain in ileo-cecal region.

Ovaries. Pressure in ovaries.

Pain in ovaries [1-4]; bearing-down pain in ovaries [1-2]; bearing-down feeling in ovaries.

Sharp, momentary pains in both ovaries; sharp, stitching pains in r. ovary [3-4]; in r. ovary, shooting to region of liver; in l. ovary; sharp, momentary pains in l. ovary [2-3].

Tenderness in both ovaries; soreness about l. ovary.

Uterus. Pressure in uterus [1-4].

Bearing-down sensation about uterus; bearing-down sensation [1-2] "as if whole uterus would come out."

Burning sensation about uterus [1-6].

Slight pain about uterus; pain in uterus [1-6]; dull pain in uterus.

Sharp, momentary pains in uterus [2-2]; sharp, bearing-down pains in uterus as if menses would start.

Uterus very sore to touch [2-2]; uterus and bladder very sore.

Bladder. Sensation of pressure in region of bladder.

Bearing-down sensation about bladder.

Burning sensation about bladder [1-2].

Colon, etc. Heaviness in descending colon.

2 a. m., violent, intermittent, cramping pain in l. side of abdomen (descending colon) > pasty stool with much flatus; pain in descending colon; cramping in l. side of abdomen, as nearly as could be determined in descending colon, compelling him to double up and > in that position.

Pain in sigmoid flexure from flatus; incarcerated flatus, which causes pain as it passes sigmoid flexure and rectum.

Sharp pain in anus.

Pelvis. Heaviness in pelvis; dull ache in pelvis; pain in l. side of pelvic region.

Soreness in pelvic region [1-2].

Lower abdomen. Bearing-down or pressure in lower abdomen [1-8]; pressure and pain in lower abdomen; steady, bearing-down sensation, or pressure [1-2], in lower part of abdomen.

Lower half of abdomen feels so tired she can scarcely walk.

Bright red eruption on lower part of abdomen, inclined to be pustular.

Pain in lower part of abdomen [1-3]; dull pain in lower abdomen [2-2]; dull aching in lower part of abdomen [1-3]; pain in abdomen and lower bowels; dull pain in lower abdomen followed and relieved by stool.

Sharp pain in lower part of abdomen [1-2]; sharp, momentary pain in lower part of abdomen [1-2]; sharp, stitching pain in lower part of abdomen [3-8]; shooting pains and cramps low in abdomen.

Cramps low in abdomen.

Oppressed feeling in lower abdomen as if menses would surely start [1-2]; bearing-down sensation in abdomen as though menses were coming on, though not due for 15 days (this is an unusual symptom, but the feeling was so strong that preparations were made for the sickness).

Hypogastrium. Fulness in hypogastrium; enlargement and fulness in hypogastric region [1-2].

Sharp pain in hypogastrium; colicky pain in hypogastric region; colicky pain in hypogastrium [1-2], with slight nausea.

Pubic region. Cramping pain in pubic region.

Colicky pain in pubic region.

Inguinal region. Aching in r. inguinal region.

Sharp, transient pain in r. inguinal region, > resting; transient pain in l. inguinal region; 4 p. m. sharp pain in l. inguinal region.

Colicky pain in inguinal regions; colicky pain in r. inguinal region.

Groin. Groin sensitive to touch; r. groin sensitive to touch; soreness and tenderness in r. groin.

Pain in r. groin on pressure; severe pain in r. groin; griping pain in r. groin.

Sharp pain in r. groin; sharp pain in l. groin; sharp, stitching pain in l. groin.

Scrotum. Sharp pain in region of scrotum; sharp pain in region of scrotum, proceeding to anus, causing prover to double up for a time because of its severity.

20. Stool and Rectum

Stools, Loose. **Color.** Yellow (y) [9-11]; yellowish-brown (yb) [5-19]; brown (b) [5-5]; greenish (g) [3-4]; whitish (creamy) (w) [1]; color not stated (d) [26-47].

Consistency. Watery [14-25] (d [10-15], y [3-5], yb [1-5]). Semi-watery [2-4] (yb [2-4]). Thin [6-4] (g [2-2], y, yb, b, d [1-2]) 66.

Consistency of cream [1] (w). Soft [11-12] (d [6-6], y [2-3], yb, b, g) 22.

Loose [11-15] (d [8-12], y, b, w). Diarrheic [7-11] (d [5-7], y [1-3], g) 48.

Pasty [7–10] (d [2–2], yb [2–5], y, b, g) 17. Mushy [4–4] (y, yb, w, d) 4.

Slimy [1] (d) 1. Curdled [1] (y) 1. Lumpy [2–2] (d, yb) 2. Mixed [5–5] (balls and soft matter (d); watery with fecal lumps (d) — had formed portion with tendency to crumble, but entire mass was loose (b); at first hard and formed, followed by watery substance (d); first part of stool hard and dry, last moist (d) 5.

Character. Painless [11–17] (d [7–11], y [2–4], b, w) 17. Painful [3–3] (d$^{(b)}$ [2–2], g$^{(b)}$) 3.

Small [1] (yb) 1. Large [5–5] (d [4–4], g) 5. Copious [4–6] (d [2–3], yb [1–2], y) 6. Profuse [3–3] (d [3–3]) 3. Non-offensive [1] (d) 1. Offensive [4–5] (g [1–2], y, d, w) 5. Of fetid odor [3–4] (d [2–3], yb) 4. Cadaverous smelling [1] (d) 1. Sour [1] (d) 1. Sudden [1–2] (yb) 2. Urgent [5–7] (yb [2–4] b, d [2–2]) 7. Forcible [2–3] (d [1–2], y) 3.

Accompaniments. Pain. Before stool: much pain preceding stool; preceded by pain over whole abdomen (copious); preceded by abdominal pain (flatulent); coming on suddenly, without urging, preceded by gas and considerable pain, to which immediate relief was afforded (large, watery, diarrheic); preceded by griping pain in bowels [2–3] (yb [1–2], g); preceded by dull, pressing pain in epigastrium (d); preceded by colicky pain in pubic region (d). During stool: awakened with much pain in bowels and much desire for stool > after stool (g); stool accompanied by slight abdominal pain (very large, soft); with abdominal pain [1–2] (flatulent); with pain in abdomen, which continued during p. m., as though preceding another stool (large soft); accompanying diarrheic stool cramping pains, which went down the spermatic cord into the testicle; accompanied by peculiar pain around stomach (d). After stool: pain relieved by stool [2–2]; pain lasting about an hour afterwards, 19.

Aching. Preceded by aching in abdomen [5–9] (yb [3–6], d [2–3]); preceded by dull ache in lower abdomen [1] (g); by slight aching in lumbar region [1] (d); accompanied by aching in abdomen [3–5] (yb [3–5]); aching in abdomen relieved by stool [3–6] (yb [2–4], d [1–2]); aching in lumbar region, relieved by evacuation [1] (d); aching in rectum [1] (yb); aching in anus during stool [1] (yb) 25.

Soreness. Soreness of anus [2–2] (yb$^{(a)}$, d$^{(a)}$); slight excoriation of anus [2–3] (d$^{(a)}$) 5.

Smarting. Smarting of anus during stool [2–3] (yb [1–2], d); smarting of anus after stool [1] (d) 4.

Burning. Burning in rectum during stool [2–2] (d, y) 2.

Straining. Straining [3–3] (yb$^{(b)}$, yb$^{(d)}$, d$^{(d)}$); after stool a feeling as though she was not through — if she strained a good deal the rectum would protrude, 4.

Rumbling. Rumbling in bowels [1] (d[(d)]) 1.

Peristaltic action. Much peristaltic action in bowels [1-2] (d[(d)]); increased peristaltic action of the bowels [1-3] (d[(a)]) 5.

Flatulence. Much offensive flatus before stool [1] (yb); flatus before stool [2-2] (yb, g); flatulent stool [4-6] (d [3-4], yb [1-2]); flatus during stool [3-4] (d [2-3], y); much flatus during stool [5-7] (d [3-5], y, b) 20.

Nausea. Slight nausea during stool [1] (yb) 1.

Weakness. Felt weak after stool [1] (d) 1.

Time. Night, driven from bed [1] (y); early morning [2-2] (d); on rising [1] (d); after breakfast [2-2] (g, d); forenoon [5-8] (d); before dinner [1] (d); after dinner (lunch) [2-2] (d, y); afternoon [4-5] (d). A. M. three o'clock [1] (g); four [1] (y); five [3-4] (d [1-2], yb, g); six [1] (d); seven [1] (g); seven-thirty [1] (d); eight [3-3] (yb [2-2], d); nine [3-3] (y, yb, d); ten-thirty [1] (d); eleven [1] (yb); eleven-thirty [1] (d); twelve [2-2] noon (d, yb). P. M. one [3-3] (d); two [1] (yb); three [3-3] (yb); four-thirty [1] (yb); seven [2-2] (d); ten [1] (yb); eleven [1] (d).

Stools, Constipated. Although naturally constipated, movements have been very regular for past three weeks, while taking drug; no urging or desire for stool — has never been constipated before, but was so throughout proving; [the after effect of the proving on the bowels (for three weeks after drug was stopped) was an obstinate constipation. — D.]

Color. Light-colored [1]; white and brown spotted [1]; peculiarly variegated, light-gray color — part light, part almost chocolate color [1]; yellow [1]; yellowish-brown [1]; brown [2]; not specified [9-13].

Consistency. Hard [3-3]; small, hard balls like sheep's dung [1]; lumpy [1]; stool of small yellow lumps [1]; dry [3-3]; pasty [1].

Character. Small [1]; small and hard to pass [1]; small and sluggish [1-2]; scanty [1]; slender [1]; insufficient [1]; large [1-2].

Accompaniments. No inclination [1]; no desire for stool as though intestinal tract was empty or not present at all [1]; oppressed feeling in abdomen, with desire for movement [1-2]; increased peristaltic action in abdomen [1-2]; almost constant, ineffectual desire for stool [1]; urging [1]; straining [3-5]; expelled with difficulty [1]; passed in chunks, with straining, followed by dull aching in anus, < sitting [1]; with soreness of anus [1]; leaving anus sore [1].

Time. Morning [2-2]; at noon [1]; 2 p. m. [1]

Stools, Normal with Abnormal Accompaniments. Urgent; 2 thin, painless, fecal stools, preceded by unusual urging; morning stool expelled with explosive violence; burning in rectum during and several minutes after stool [1-6]; some burning in rectum and tenesmus; stool

followed by straining; uncomfortable feeling after morning stool as if incomplete.

Rectum. Burning in rectum during and several minutes after stool [1-6]; burning in rectum during stool [2-2]; some heat in rectum; some burning in rectum and tenesmus.

Aching in rectum during stool.

Itching in rectum.

Burning in anus; much pain and burning in anus.

Aching in anus during stool; stool passed in chunks, with straining, followed by dull aching in anus, < sitting, with soreness of anus.

Smarting of anus during stool [2-3]; smarting of anus after stool.

Slight excoriation of anus [2-3]; soreness of anus [2-2].

Itching in anus.

After stool a feeling as though she was not through — if she strained a good deal the rectum would protrude; stool followed by straining; feeling after morning stool as if incomplete.

Hemorrhoids.

[" I examined the rectum each time; at the third examination there was considerable congestion about the rectum, especially the lower inch, but there were no other symptoms, and at the fourth examination I found the congestion mostly gone and entirely so at last examination." — Ex. Proving, No. XXVI.]

21. Urinary Organs.

Sensations. **Burning.** Burning sensation about bladder; sensation as if bladder were inflamed and too full, this symptom lasting four days and ceasing upon stopping medicine, > in a. m., < noon till retiring; burning urethra [1-6]; a feeling of inflammation about pelvis; burning in urethra from base to glands 1 hr. after urination and 15 min. after taking drug, lasting 2 hrs.; feeling of inflammation about bladder [1-3] more pronounced than formerly.

Heaviness. Heaviness in pelvis; sensation of pressure over region of bladder, > by frequent urination [1-2].

Bearing-down. Steady, bearing-down sensation, or pressure [1-2], in lower part of abdomen; bearing-down sensation about uterus and bladder (bearing-down or heavy sensation is not a common symptom).

Distension. Bladder feels as if distended.

Soreness. Feeling of soreness in bladder.

Pain. Cramping pains in region of bladder, < on motion.

Aching. Aching in region of kidneys.

Urination. **Difficulty.** Had to strain and force urine from bladder [1-10]; difficulty in starting urine [1-5]; some difficulty in voiding urine [1-2]; feeling of inability to urinate; urine seemed to be retained; urine expelled with great difficulty [2-2]; voiding urine seems to require a good deal of urging from inertia of bladder; passage of urine necessitates straining; must strain to void urine [2-2]; urine passed with considerable straining; urine difficult to start; bladder does not seem to contract (female); bladder seems to have lost its expulsive power; urine starts only after straining [1-2]; difficult micturition, but no pain [1-2]; has to stand quite a while before being able to urinate; urine stops after starting, after which it requires much straining to start the stream; some difficulty in starting urine; had to strain to pass urine; difficulty in micturition, requiring straining especially towards end of urination; bladder seemed full, but must strain to urinate [2-2]; passed urine with difficulty [for the past six days urine passed slowly in small stream, requiring auxiliary abdominal pressure for its expulsion, — the abdominal muscles were brought into play, and the prover rather lifted himself upon his toes when urinating. — Ex.].

Slowness. Urine passed slowly [1-6]; a much slower emptying of the bladder; urine slow in starting [1-2]; urine flows slowly, this slowness remaining throughout proving (female); urine passed slowly, in fine stream, which stops and is soon followed by more [this case was very markedly normal in most everything, therefore the slowness of the urine was especially interesting. — Ex.]; necessity of forcing urine from bladder made urination require twice to three times the normal length of time; must strain to evacuate bladder, yet in spite of this frequent interruptions; urination frequently interrupted [2-2]; urine flowed intermittently; urine flows very slowly, stopping and starting again (female); stream interrupted, almost stops then flows again; urine passes slowly [1-6]; urine starts, flows and stops slowly; urination slow and interrupted, but painless; urine passes slowly, cannot feel it pass.

Size of Stream. Urination in small stream [2-2]; with frequent interruption; urine passed slowly in fine stream, with interruption; urine passed in small stream [1-3]; increased in size by pressure with abdominal muscles; stream small and interrupted; urine passed in small stream [1-6].

Force of Stream. Urine flowed without force and intermittently; very little force during urination — urine

flows as from a catheter (female); urine drops down in very small, passive stream; urine seems to flow from force of gravity (female); urine dropped straight down from penis from lack of expulsive force; urine flows without force, starting and stopping several times during micturition (female); slight dribbling after urination; urine under poor control, micturition followed by some dribbling[1-2]; urine starts, flows and stops slowly, and sometimes dribbles.

Desire. Desire to urinate a few moments after taking drug[1-3], with slight amount each time[1-2]; almost continuous desire to urinate; constant desire to urinate; towards morning it was necessary to rise to empty bladder (something unusual); great urging to micturition; increased desire to urinate; all the morning intense desire to urinate; urging to urinate.

Frequency. Urine passed frequently in small quantities, yellow but clear; frequent passages of large quantities of pale urine; urine passed more frequently; yesterday urinated once only in daytime, but five times during night; increased frequency in calls to urinate.

Abnormal Sensations During Urination. Pain in bladder on urinating; urine hot yet not burning; urine caused slight burning sensation along urethra; burning in passing urine[1-2]; burning sensation at meatus when first starting urine; irritation and burning in urethra during micturition and tenesmus afterwards (female); after micturition burning sensation in urethra extending back into bladder; passage of urine accompanied by sensation of constriction in urethra; burning after micturition for about 1 hr., in prostatic and bladder regions, with increased frequency; tickling in urethra just after passing urine[1-2]; burning before urinating[1-2], while urinating [1-4] and a short time afterwards [1-2]; some burning the whole length of urethra when urinating, accompanied by pain extending up r. groin, the burning continuing for a few minutes after micturition; urging to urinate, with pain extending down to testicle.

Summary of Analyses

(Numbers refer to Provers.)

Quantity. Unchanged practically[2].

Variable[1]; first increased, later decreased[1]; increased at end of first week of proving, afterwards decreased[1]; very variable[2].

Increased slightly[1]; increased[9] (one nearly 50 per cent. during greater part of proving); increased markedly[5] (one during most of proving (34 to 88 oz.), another

gradually increased from 500 to 900 c.c. and another to 80 oz. in 24 hrs.).

Diminished slightly[1]; diminished[8] (one a half-pint and another about one pint in 24 hrs.); diminished markedly[6] (one 2200 to 1100 c.c., another especially toward end of proving, and another almost completely suppressed).

Specific Gravity. Unchanged practically[2].

Increased slightly[2]; increased[9] (one from 1012 to 1030).

Diminished[8] (one in early part of proving, one fell during greater part of proving from 1018 to 1009, but returned to 1018, and a third gradually lowered from 1022 to 1013).

Odor. Unchanged practically[6]; offensive[1]; very bad[1] (H_2S); a peculiar, indescribable odor was developed[1]; strong, or pungent, throughout[1]; pungent, becoming strong[2]; an odor like onions or garlic occurred several times and was never noticed before by prover[1].

Color. Unchanged practically but became turbid[3]. Variable[1].

Lighter in color than usual[1].

Pale straw throughout (amt. <, later >; sp. gr. "practically unchanged").

Changing from yellow to brown[1] (amt. practically unchanged; sp. gr. slightly <).

"Increased"[1] (amt. practically unchanged; sp. gr. <).

Progressively darkened[1] (amt. < nearly 50 per cent.; sp. gr. >).

Progressively deepened during proving[1] (amt. markedly >; sp. gr. <).

Slightly darker[1] (amt. >; sp. gr. <).

Became darker (amt. >)[3].

Became darker[1] (sp. gr. <).

Became darker and browner[1] (amt. < later >; sp. gr. somewhat <).

Reaction. Unchanged[8].

Acid throughout but becoming fainter[2].

Alkaline[1] (became faintly alkaline from acid).

Solids. Total amount. Increased[12] (rose progressively from 47 to 62 gms., from 61.6 to 91 gms.; steadily < from about 60 to 85 gms.[1]); increased markedly[5] (in two by nearly 50 per cent.).

Decreased[4] (one from 65 to 46 gms.); decreased markedly[1] (first <, then markedly > from 42 to 25 gms.).

Phosphates. Increased slightly[1]; increased[4] (one from 4.5 to 7.5 gms.); increased markedly[1].

Decreased[1].

Earthy. Increased slightly[1]; increased[1]; increased markedly[2] (especially at end of first week of proving).

Decreased[1].

Alkaline. Increased slightly [1]; increased [2]; increased markedly (one more than doubled).
Decreased [1].

Sulphates. Unchanged practically [2]. Variable [1].
Increased [5] (one steadily < from about 3 to 5 gms. in last 3 analyses); increased markedly [2] (one 2.2 to 7.3 gms.).
Decreased [2] (one .75 to .4 gms.).

Chlorides. Unchanged [1]. Variable [1].
Increased [3] (one about 50 per cent.); increased markedly early in proving and still somewhat < at end [1].
Decreased [3] (one 1.2 to .7 per cent.); decreased markedly [2] (one < 12 to 19.2 gms. then > to 9 gms.).

Urea. Variable [2].
Increased slightly [2]; increased [8] (one, per cent. practically doubled); increased markedly [1].
Decreased slightly [2]; decreased [2] (one 2.1 to 1.5 per cent.); decreased markedly [3] (one first < 15 to 26.88 gms. then > to 8 gms.).

Uric Acid. Increased slightly [1]; increased [6] (one from inappreciable amount to .6 gms., another < nearly threefold); increased markedly.
Decreased [6] (one about 50 per cent.); decreased markedly [1] (from 1.22 gms. to inappreciable amount).

Indican. Normal [8]; none [3]; present in trace [1]; faintest trace on one exam. only [1]; increased in last specimen only [1]; faint traces in early days of proving, but none later [1]; none except faint trace on one day [1]; the original violet color changed to a red tint with the test [1]; marked red coloration (purple or pinkish) and one marked violet [1] [the feature in this case was the intensity of coloration with Jaffi's test for indican, which only once was the characteristic violet while at other times brilliant reds appeared. — Ex.]; slightly increased [1].

Bilirubin. None [15]. Very faint trace by nitrous acid test on one day only [1].

Albumin. None [11]. Trace in prelim., none afterwards (no casts) [2]; slight trace in prelim. and throughout (no casts) [2].
Present (none in prelim.) in 7 provers and 21 analyses, as follows: trace once only; faint trace increasing somewhat throughout proving; slight traces in two specimens; traces for 8 days during proving; trace appeared in last three analyses; faint traces appeared towards the last; presence in last specimen marked.

Sugar. None [19].

Ratio of total solids to salts. Unchanged [2].
Increased [3] (one, at end of proving; another, doubled).
Decreased slightly [1]; decreased [5] (one, from 2.4 to 1 to 1.4 to 1).

Ratio of urea to phosphates. Unchanged [1]. Increased [1]. Decreased [5] (one, first <, then slightly >; another, first < and then markedly >; another, < slightly and then >; another, first < and then > from 3.3 to 1 to 1.6 to 1).

Ratio of urea to uric acid. Increased [7] (one, from insufficient to estimate to 30 to 1); increased markedly, throughout proving [1] (from 20.7 to 1 to 62.2 to 1).

Decreased [3] (in one steadily); decreased markedly [4].

Sediment. **Bulk percentage.** Decreased [3].

Gross appearance. Thinner [2]. Urine deposits a brick dust sediment on standing [2]. A small amount of granular material deposited, either amorphous urates or phosphates [1] (too little to identify with certainty).

Microscopic appearance. Varied, from considerable with amorphous urates to very little without urates [1]; a decrease in elements found [3]; elements < over prelim. sample [2].

Bacteria. Increased in last specimen [2]; many bacteria [4]; numerous zoöglœa [2].

Amorphous phosphates. A small amount [3].

Amorphous urates. Disappeared [3].

Crystals. Uric acid [9] (few in number in three provers, one early in proving and none later; one well marked throughout proving except on one exam.; another, present in last specimen tested; another, present in large quantity).

Triple phosphates. Many [1].

Ammonium-magnesium phosphate. A few [2] (one, 4 exams.).

Oxalates. A few [1].

Calcium oxalate [6] (one, a few only — another, in last two specimens).

Casts. None [7]; mucous [3] (a few only); hyaline (one only); a very few casts appeared [1], one hyaline, one granular with one or two epith. cells on it (none prelim.).

Cells. Corpuscles, red [4] (few only).

Leucocytes [2] (on 6 exams. but few only).

Pus cells, many [3], few [3].

Epithelia: squamous [2]; stratified; small; large [3] (in one, a few toward end of proving); small, round, from pelvis of kidney [1] (2 exams.); a few from pelvis of kidney [1]; many from bladder [1]; few from bladder [1]; many flat, squamous from bladder and vagina [1] (2 exams.); many from vagina [1].

Spermatozoa [4] (in one on 2 occasions).

Mucus: much increased at two different times [1]; increased [3]; slight mucous cloud [1] (2 exams.).

22. Male Sexual Organs

Burning. Burning in urethra [1-6]; burning in urethra from base to glans 1 hr. after urination and 15 min. after taking drug, lasting 2 hrs.

Erections. Lessened morning erections; erections during night, but no emission.

Emissions. Sleep disturbed at night by amorous dreams with seminal emission [1-4]; awakened by emission after erotic dream; two emissions during night; since the second week has had nocturnal emissions three times per week (before proving once a week), followed by pain in back and weakness in muscles in back of legs.

Condition of Parts. Scrotum shrivelled and drawn up tight and hard (relaxed at prelim. exam.); penis small and relaxed [1-3] [a pretty constant symptom during proving. — D.]; testicle felt hard and slightly enlarged; 1. testicle swollen and sore.

23. Female Sexual Organs

Burning. Burning sensation in uterus continually; feeling of inflammation about uterus [1-5] and bladder [1-3] more pronounced than formerly.

Soreness. Felt soreness in pelvic region as though she could not walk [1-2], > from keeping still — on going to bed got relief by lying on stomach on hot-water bag (menstruation, usually no pain).

Itching. Intense itching of vulva [1-2] (both labia) extending to mons, > by bathing parts in very cold water.

Sexual Desire. Sexual desire markedly decreased after taking two doses and so continued during entire proving, with return of desire as soon as drug was discontinued (female) [prover emphasizes this point. — Ex.]; marked absence of usual sexual desire at menstrual period; decreased sexual desire [1-2]; increased sexual desire in evening; increased sexual desire accompanied by violent, cardiac pain and palpitation (female).

Menstruation. **Interval.** Menstruation 3 days before due, something which has never happened before; menses commenced 48 hrs. earlier than usual (usual habit every 28 days and flowing rather moderately); menses appeared 3 days ahead of time (usually very regular and latterly entirely so); menses appeared, anticipating, 2½ days (not unusual); menses started 4 days too soon (usually entirely regular every 28 days).

Pain. Felt soreness in pelvic region as though she could

not walk [1-2], > from keeping still — on going to bed got relief by lying on stomach on hot-water bag (usually no pain); sharp pain in r. ovary, other pains in ovaries and uterus as usual during menstruation, only peculiar feature is aggravation of pains in r. ovary; during menstruation aching pains in limbs, < at night, also sharp, shooting pains in r. ovary (normal) just before and during menses, not since; on waking, pains in lower abdomen; steady, dull ache through pelvis and down thighs (unusual at this time, sometimes noted earlier in period); dull pain in back, lower abdomen and upper part of thighs; experienced more sharp, stitching pains than ever before at time of menstruation (usually no pain whatever); sharp pain in uterus; awoke with much persistent pain in uterus; sharp pain in lower part of abdomen, menses 4 days too soon; pain in r. side of abdomen which went through uterus; severe, sharp pain in uterus < walking [1-2]; sharp pains in lower part of abdomen, with unusually free menstrual flow; pain in uterus with profuse flow [4-4]; on 1st and 2d days of menstruation, after flow began, there was a dull, heavy pain over uterus (unusual to prover), < moving > keeping still, > heat, > lying on abdomen, not severe at any time and passing away entirely after second day; pain over uterian region (unusual) and from back down thighs, dull < motion.

Quantity. Menstrual flow moderate [1-4]; menstrual flow more profuse than usual on first day, afterwards less than usual (usually quite profuse for 8 days); sharp pain in uterus with bright red, odorless flow, which was very much freer than usual, "first a pain then a gush of blood"; pain in r. side of abdomen, which went through uterus, followed by very profuse flow; sharp pains in lower part of abdomen, with unusually free menstrual flow, increased at times of pain and followed by sensation of weakness; pain in uterus and continued free menstrual flow, < walking; awoke with much pain in uterus and profuse menstrual flow; before rising, pain in uterus, followed by profuse flow; sharp pain in uterus with very free menstrual flow [1-2]; much pain in uterus accompanied by flowing in gushes.

Character. Nothing unusual in flow except, perhaps, a brighter red; menstrual discharge bright red at first, becoming dark red, brown and dark brown at finish, with reaction acid at first and neutral last.

Accompaniments. Menses came on 3 days early without the usual irritability for 2 days preceding: 4 p. m. great depression without sufficient cause (not usually

depressed during flow); wanted to get off by herself and be let alone; marked absence of usual sexual desire at menstrual period; increased perspiration, especially on feet when waking; before menstruation, dull aching in lower part of abdomen; during menstruation heavy, weary feeling in legs — lower part of body feels so tired she can hardly walk; menstruation was attended with more backache than usual, in the sacral region, both preceding and during the flow, but especially at its beginning, and there was also more pain than usual in the pelvis, but no ovarian or uterine symptoms were noted; throughout menstrual period, for 4 days, a fluttering in l. ovary (normal) was very pronounced [this symptom is new to her. — D.].

Sensations. All the p. m. a dry feeling in vagina as if it stood open, and the walls were dry and rubbed upon each other in walking; usually has feeling of heaviness and congestion of uterus during menstrual period and consciousness that it occupied a lower position, but during this period these symptoms have been absent; seem to have been entirely relieved by drug, but returned somewhat on day after drug was discontinued.

Duration. Menses continued 2 days longer than usual; menses stopped after 8 full days (flow usually lasting only 4); menstruation lasted about 1 day longer than usual.

Leucorrhea. Slight leucorrhea, < when walking; some leucorrhea; leucorrhea more marked after 5 days; before menstruation, discharge from vagina of glairy mucus like raw white of egg [1-3] lasting all day (subject to slight leucorrhea only 2 or 3 days before menses) — afterwards leucorrhea [1-6] like partially boiled white of egg, bland and without odor, < from being on feet and walking, afterwards yellow, stiffening the linen [1-4].

Summary of Examinations

Ovaries. Slight tenderness of both ovaries [1-5], began 2d day of menstruation, normal before and afterwards; slight soreness about l. ovary.

Uterus. Some prolapse of uterus; uterus slightly congested and lower than usual; uterus very sore to touch [1-3], < p. m.; cervix seems sore as if ulcerated and hurts at each step when walking (better after 4 days).

Vagina. Slight deepening in hue, no other symptoms; vagina very tender [1-7].

Labia. External genitals of slightly deeper color.

Meatus Urinarius. (Female.) Normal and unaffected during proving.

Inguinal glands. L. inguinal gland slightly enlarged (normal upon prelim. exam.); there was a very slight enlargement of inguinal glands on each side.

Curative Effects. "Have not felt uncomfortable from cystocele or prolapsus since taking medicine (before had to lie down at least once a day for ½ hr. for last 4½ yrs., since last child was born"). [Retroversion (slight) unchanged; uterus smaller and less heavy than on prelim. exam., os less eroded and smaller, cystocele smaller, rectocele smaller — but 9 days later uterus again heavy, cervix very dark red and congested, os dark red and larger, and cystocele and rectocele darker in color.— Ex.]

25. Voice and Larynx. Trachea and Bronchia. Hoarseness

Hoarseness [25-34]. Very hoarse [3-3]; hoarsensss, < out of doors [1-2]; < in well-warmed room [2-2]; difficult to speak so as to be easily understood [2-5]; temporarily > on raising tasteless, colorless phlegm, difficult to start; hoarseness on waking [4-6] and scarcely able to speak audibly [2-2], with difficult breathing and dry cough; in 2½ hrs. after taking drug, hoarseness developed and remained; voice became harsher; voice husky [2-2] and thick; voice sounds husky and requires effort to speak; hoarseness with scraping below palate to supra-sternal fossa.

Articulation. Tongue seems thick, has some difficulty in articulating clearly [1-2]; tongue sticks to roof of mouth, hard to articulate words for this reason; requires an effort to speak from huskiness of voice; difficult to speak so as to be easily understood, from dryness of throat; talking difficult [1-2]; on waking could hardly speak; did not seem to have good control of the tongue, making speech difficult; mouth so very dry that talking was difficult; speech sounded thick.

Dryness. Throat very dry on waking, talking difficult [1-2]; larynx dry [5-5]; larynx dry with hoarseness; dryness below larynx excited dry cough; dryness of larynx, < prolonged talking, > open air.

Tickling. Tickling in larynx inducing cough [2-2]; tickling in upper trachea, just above sternum, causing cough [1-3]; tickling in trachea and large bronchi; tickling in trachea causes cough; dry and irritating cough caused tickling sensation, but no pain.

Clearing. Had to clear throat frequently all day, but voice not hoarse; continually clearing throat of accumulating mucus; continually clearing throat by hemming; incli-

nation to clear throat; constant need to clear throat; throat seems to "stop up"; constant necessity of clearing throat of accumulated mucus, which is thin, colorless, tasteless, and difficult to dislodge; constant clearing of throat and upper chest on going into cold air; much mucus in lower part of throat [2-3], dislodged with difficulty [2-2]; raises much phlegm, but with difficulty; much hawking.

Soreness. Sore throat extending to trachea.

Swelling. Sensation of large, hard lump in region of larynx (unusual).

Curative Effects. [On 2d day of drug, the membranes of the pharynx and larynx changed from bright congested color (prelim. exam.) to a paler hue. — Ex.]

SUMMARY OF EXAMINATIONS

(Numbers here refer to Examinations)

Epiglottis. Dry; red [2]; capillaries dilated, under side, just above cushion; congested [2]; inflamed.

Glosso-epiglottic fossa congested [3]; inflamed [2].

Larynx. Mucous membrane: abnormally dry [26]; abnormally pale [14]; glistening; reddened [4]; congested [8]; infiltrated (posterior border).

Aryteno-epiglottic fold: congested [3]; inflamed.

Ventricular bands: congested [3]; inflamed.

Vocal cords: abnormally reddened; congested [16]; secretion adherent, l.; relaxed.

Muscles concerned in movement of vocal bands: unaffected [4]; abductors weak.

Trachea. Visible portion, congested [4].

26. Respiration

Respiration shallow (2 provers); tendency to breathe in a shallow manner, as deep breathing caused increased pain and soreness; sighing respiration frequent (evening pulse 103 and full, temperature 99); frequent sighing respiration; sighing which seemed to be out of the ordinary, was present throughout the day [1-2], as though the lungs would cease acting and he "would have to start them up" with some effort — this condition most marked towards night, with slow heart beat and in the evening sense of pressure on chest behind sternum, with tendency to sigh that he might get more air [1-2].

Dyspnea. Shortness of breath [1-3]; awoke during night with sensation as if she were unable to breathe; breathing difficult [3-6], < indoors, < r.; feeling of suffocation.

upper part of chest feels like a sponge through which he breathes with difficulty, this condition noted in warm, comfortable room, and hardly speaking; constant irritation in upper part of chest with difficult breathing, < body bending forward; difficult to breathe, as though not enough air in room; has smothering sensation, with difficult breathing; breathing feels oppressed "as if from asthma" [1-4] [râles not heard below line of nipples. — Ex.]; difficult to breathe cold air unless doing it quite slowly, on account of soreness and wheezing in chest.

Wheezing. After rising, lungs were very wheezy; after rising, upper part of chest very wheezy with difficulty in breathing on this account; wheezy breathing, morning and nights; outer air caused wheezing sensation in upper chest and inclination to cough; wheezing sounds in upper part of chest on breathing; throat and upper part of chest wheezy on waking; wheezing on inspiration and expiration; wheezing feeling in chest as though he could not get air enough, but no pain; chest wheezy with very little mucus dislodged [1-3]; throat felt wheezy in a. m.

SUMMARY OF EXAMINATIONS

(Numbers refer to Provers.)

Respiration. Rate, increased [3]; markedly increased [1] (17 to 22 per min.), slower [2]; markedly slower [1] (20 to 14 or even 12); slower at beginning of proving, but at end faster [1].

Rhythm: unchanged.

Character: shallower [3].

27. Cough

Cough. Through entire day a troublesome cough at intervals, excited at times by almost every breath and causing painful sensation in lower part of throat; coughing painful in trachea; coughing causes pain in throat; violent coughing causes pain in r. side of head; cough dry, < nights, < warm room; violent paroxysm of coughing excited by dryness of throat, raising nothing; coughing, which has been painful, both indoors and in the outer air [1-3] [this condition of chest has lasted for three days, though he has had no sore throat or cold. — D.]; prover has dry, hoarse cough, with expectoration of thick, nearly transparent whitish mucus twice only during the day, without previous cold, the cough < by every exertion, however slight, < by bending forward, not by bending backward, < by riding a wheel, and < from cold air;

cough mostly dry but raises some lightish colored mucus like chunks of phlegm; marked aggravation of cough by outside air, and amelioration by raising a thick, dark-colored mucus in small quantity, dislodged with difficulty from lower part of throat; coughing painful on account of excessive dryness of throat; cough [1-3], < night, "different from any I can ever remember before the proving," the throat seeming less sore than swollen, on r. upper side, the dry cough excited by dryness below larynx, and relieved after a time by expectoration of colorless and tasteless sputum; hacking cough; percussion of chest induced coughing; from early morning continuous and very troublesome coughing which is very painful, one coughing spell seeming to bring on another, the irritation being in the lower part of throat or upper part of chest and trachea, with tickling in trachea, the coughing giving relief only for the moment, and not eliminating tendency to cough again in 1 or 2 min.; tickling in larynx induced coughing [2-2]; cough exceedingly troublesome throughout day, excited by breathing, whether in or out of doors, for the most part dry and causing pain in lower part of throat; oppressed feeling in upper part of chest [1-4] with impulse to cough with almost every other breath, the cough relieving for a few seconds only; slight cough; awakened by coughing spell, with considerable loose mucus; some relief to cough by dislodging thick, yellow mucus 2 or 3 times during a. m.: cough very bad, raises much phlegm; found it difficult to breathe without coughing for 1 hr. in a. m.; cough dry and irritating, causing tickling sensation but no pain, < by exertion, by cold, damp air and on going to bed, > by bending forward; slight cough in night, < morning.

28. Inner Chest and Lungs

Oppression. Oppressed, tight feeling in chest [1-3], continuing through day as if a cold were coming on [1-3]; sensation in chest as though coming down with a hard cold, < r.; sensation of pressure under sternum; heaviness about chest [1-15], < in upper anterior portion [1-2]; about 3:30 p. m., rather suddenly felt fulness of thorax above line of nipples, extending into throat, with respiration more rapid and shallow than usual, and nervous restlessness accompanying, all these symptoms wearing off gradually by 6 p. m.; sensation as though there were a heavy weight on upper anterior chest, < on inspiration, accompanied by a sore feeling as from strain, extending throughout a

space enclosed between lines drawn horizontally through nipples and from nipples through suprasternal notch, this soreness occurring at every breath, and < for 4 or 5 sec. after coughing; feeling of heaviness on r. side of chest [1-3]; heavy fulness in chest through evening, with dry cough; pressure on chest [1-7] as if she could not get enough air [1-2], > when lying down, as if room were too small to breathe in; oppression of chest in evening; oppressed feeling in upper part of chest; raw scraping feeling from throat half way down sternum, and below this point a feeling of weight and pressure extending 2 in. either side of and to end of sternum, made < by coughing and breathing [1-2] [inspiratory and expiratory sounds normal, resp. 20, pulse 76. — Ex.]; chest felt quite full; oppression of chest toward evening, with frequent tendency to cough, but not violently; sense of oppression in chest (temp. 99.7, pulse 84, resp. 16); heavy feeling in chest at times in upper anterior portion [1-9].

Constriction. Just after retiring, before going to sleep, experienced a sudden sense of constriction of the chest with oppression, had to move quickly to get rid of this smothering sensation; chest seemed too tight; tight feeling in chest; sensation as if a band around upper part of chest.

Soreness. Upper part of chest very sore inside [1-6], < inhaling cool air [1-3]; oppressive soreness in r. upper chest [1-4], not to touch, not < deep breathing; soreness in r. lung with pain extending through to back and up under scapula; feeling of soreness along sternum to xyphoid appendix on taking long breath; soreness in subclavicular region on r. side, which comes and goes, not < motion of any kind.

Rattling sensation about l. side of chest; about lower part of chest; sneezing causes "a raw feeling behind sternum and sensation as though something were rattling in front of chest," the rawness extending to xyphoid appendix; "rattling feeling in l. side of chest below nipple" [1-4].

Weakness. Tired feeling in chest as if she could not stand straight; weakness of lungs, "it seems as though it would be easy to stop breathing."

Dryness. Dry sensation in upper chest; throat and chest so dry as to cause an occasional single dry cough.

Burning. Slight, painful, burning sensation on both sides of chest on inspiration.

Fatigue. Talking tires chest.

Râles. Dry, rough, coarse râles, heard on inspiration, over upper, anterior chest, evidently bronchial in origin, (resp. 16); dry râles in upper anterior chest; sibilant râles.

in upper chest; sibiliant râles in upper r. chest [" prover complained of no symptoms of lungs but to me there seemed to be a little roughness over apex of l. lung and a few râles through both lungs (prelim. exam. normal in these respects") — Ex.].

29. Heart, Pulse and Circulation

Irregularity. Felt as if his heart would stop beating; awoke at 4 a. m. with fluttering of heart (pulse 60 and very weak); heart beats irregularly [8-11] (" says for 9 days her heart has beaten irregularly, first strong, then weak, especially between 11 a. m. and 2 p. m., though not every day, and at those times has felt dull and as if she would like to "close her eyes and drop off"); heart beats faster during inspiration than during expiration; heart seemed to " flop," as if startled, with pulse soft and irregular.

Palpitation. Of heart on going up stairs [1-2]; drug affects heart, feels short of breath on ascending stairs; palpitation of heart from least exertion.

Dilation. Heart seemed too large; at various times during day sensation as if heart were enlarging, seemed as if it was actually undergoing dilation [1-9].

Weakness. At times sinking feeling in precordial region (pulse 100).

Pulse. Very soft and weak; weak and poor in quality; weak, felt as though her heart were not beating; slow; somewhat irregular; unduly quickened and weakened by exercise; increased in rapidity but weakened and intermitted four times a minute.

Pulsation. Pulsating over entire body, standing or sitting [1-2]; throbbing all through body [1-2].

Temporal arteries beat quite noticeably; pulsation through subclavian artery, r., extending upward and outward towards arm, appearing at night after lying down [1-3]; vessels in hands, arms, and temples beat strongly.

Flushing. Face flushed [3-6], at 3 or 4 p. m. [1-4]; 2 p. m. face flushed but not the forehead; face flushed almost scarlet; face looks suffused and pinkish; 2 p. m. face very red [1-2], felt as though all the blood in her body was in her face; when in warm room auricles both warmer and redder than usual [1-4]; 3 p. m. sudden rush of blood to head with red face, the neck feeling swollen and the ears as if they would burst, lasting about 2 hours and lessening gradually, but recurring on the following day at 3 p. m. and again after supper, but of shorter duration; face red below eyes; face red below forehead;

hands feel dry and are red; pressure of blood through head and face as if they would burst when stooping down; face congested.

Heat. In face [1-2], as if riding in wind, with burning [1-2]; in evening air l. cheek and ear red, hot, and burning.

Feels hot over entire body [1-2], especially face (pulse 72, temp. 98.2); feeling of heat over entire body, < ½ hr. after taking drug, yet feels cool to the touch; surface of body and hands felt abnormally warm, even to touch of others; sensation of "inward fever"; felt sense of heat all day, although weather was somewhat cool; heat of skin and desire to get in cool place in bed caused restless sleep; profuse perspiration over entire body, with feeling of great internal heat (pulse 112); hot feeling all over with high pulse.

Sensation of heat in hands [1-2], which felt hot to others; hands very hot; feeling of warmth all through chest.

Coldness. Hands cold [2-2]; feet cold and head warm; feet and legs cold to knees.

Relaxation. Sensation of relaxation of vascular system, < p. m.; veins distended.

Summary of Examinations

(Numbers refer to Provers.)

Pulse. Rate: increased, 35 (80+, 1; 90+, 9; 100+, 8; 110+, 1; 120+, 1) (sitting).
decreased, 5 (60–, 2; 50–, 1).
variable, 1 (99 to 70).
ratio between standing and sitting — increased, 4.

Force: increased 5.
decreased, 21.
variable 1 (every 2d or 3rd beat of radial pulse was much stronger, with heart's action regular).

Volume: increased, 2.
decreased, 2.
variable 1 (first increased, afterwards diminished).

Rhythm: regular, 11.
irregular, 8.

Tension: increased, 1.
decreased, 6 (one prover from 8 cm. to 11.5 cm.).

Dichrotism, 3 (all very pronounced — very marked primary crest, not sustained, followed by strong dichrotic wave).

Heart Sounds. A functional murmur, systolic in time, appeared at apex, probably due to dilation; first sound

shortened, accentuated and slightly irregular in rhythm and force; second sound slightly irregular in rhythm; first sound, length of boom became less than normal, character not strong, murmur less evident, regularity unchanged; second sound, strength increased, regularity unchanged.

30. Outer Chest

Outer Chest. Itching on chest[1-2].

Pimples on chest; itching rash on l. chest resembling scarlet rash.

Pressure on chest[1-10]; sensation of pressure in chest behind sternum; sensation of pressure under sternum.

Sensation as of band around upper portion of chest.

Sensation of constriction beginning in l. pectoral muscle.

Slight pains in chest; slight pain under r. scapula[2-3]; pain in upper chest; pain in r. upper chest[1-2]; pain in l. chest just above breast; pain in l. side of chest; pain under border of last r. rib for short time; pains in both sides of chest.

Dull pain back of l. nipple; dull pain in both sides of chest; constant, dull pain in l. pectoral muscle.

Heavy pain in l. chest; heavy, pressing pain across chest; stiff pain in l. chest from axilla backward through inferior angle of l. scapula, < motion.

Intermittent, strong pain in r. side of chest extending into arm-pits; sharp pains in both arm-pits[1-3]; sharp pain in sternum; shooting pains in l. breast; sharp pain back of l. nipple[1-5], < while inhaling; sharp pain in l. chest above breast which lasted for ½ hr. and disappeared gradually in about 15 min.; pain back of l. nipple so sudden and sharp as to cause raising of hand to chest and involuntary exclamation; pain through chest at l. nipple; sharp, shooting pains under l. breast several times during day; sharp, sticking pain in region of r. nipple; stitching pain in r. chest; sharp, migratory pains in r. side of chest[1-5]; sharp, momentary pains in r. side of chest[2-5]; sticking pain of short duration in r. side of chest; intermittent pain in r. chest wall between third and fourth ribs; sharp, sticking pain in r. anterior lateral chest; sharp, darting, neuralgic pain in sixth and seventh dorsal nerves extending around r. side; sharp pain in l. chest; sharp, momentary pains in l. side; sharp, intermittent pain in l. side under third rib; sharp, darting pain in l. chest wall under and below scapula. Transient, numbing pain in l. pectoral muscles extending down arm, also in r. pectoral muscles; transient, precordial pain noticed twice during proving;

transient pain in chest walls, r. and l. of sternum, between third and fourth ribs. Wandering pains beginning in l. pectoral muscle, extending, in all directions; migratory pains in r. side of chest, soreness in r. upper chest not < by deep breathing; soreness in r. subclavicular region, not < motion, comes and goes; soreness in sternum.

31. Neck and Back.

Neck and Back. **Neck.** Pimples on neck.
Stiff neck [1-3]; muscles at back of neck stiff and sore [2-2].
Stiff, muscular pains in neck on motion.
Swelling both sides of neck below angle of jaw [1-4].
Muscles of back, especially in cervical region, sore to touch and on moving.
Drawing pain back of neck; drawing sensation from nape of neck to feet.
Chilliness from neck down back.
Pain across neck between shoulders [1-4]; sharp, migratory pains back of neck [2-2]; pain from top of l. shoulder to behind ear.
Fleeting pains in neck and back; neuralgic pain in back of neck to mastoid process, and through r. face to temple and above r. eye [region supplied by r. small, occipital nerve and auriculo-temporal, also fibres of submaxillary branch of the r. trifacial. — Ex.].
Aching upon r. side of neck.
Scapula. Aching in muscles back of scapula; sore pain across shoulder blades; aching between shoulder blades.
Pain in r. scapula [2-2]; pain under r. scapula; pain under l. scapula; dull, aching pain under l. scapula.
Sharp pain under l. scapula, with soreness to touch.
Back. Rash on back.
Itching on back [1-3]; itching on back as if something were biting; sensation as though something were crawling over back.
Back tired; back very tired.
Pain in back [3-5]; pain across back [1-2]; pain in back disturbs sleep; dull pain in back; in back and upper part of sides (during menstruation).
Slight pain in back when walking or carrying anything heavy; across back, < bending over.
Sharp pain in back; sharp pain in back and r. shoulder, coming and going quickly; sharp, migratory pains in upper part of back; wandering pains down back; quick, darting pains in lower part of spine; neuralgic pain in back.
Backache [3-22]; aching over entire back [2-2]; aching pain all

over back, < sitting; aching in muscles of back; aching in middle of back from side to side, < standing or walking, > when still; backache continuing all day; tired backache; terrible backache.

Stiffness in back.

Great heaviness in back.

Numbness across back [2-2].

Small of Back. Pain in small of back [2-2]; dull pain in small of back; dull, aching pains in small of back extending around l. side of waist.

Muscle: backache across waist line.

Stitching pain in l. side of back extending downward across waist line.

Small of back and legs feel too weak to support body.

Lumbar region. Back below waist feels tired.

Uneasy feeling in r. lumbar region from 4 to 8 p. m.

Slight pain in lumbar region of spine; pain in lumbar region [3-3]; pain in lower part of back; dull pain in lumbar region [2-8]; oppressive pain in lumbar region; dull, aching pain in lumbar region, < p. m. [2-2], on r. side; intermittent pain in r. lumbar region; cramp-like pain in r. and l. lumbar regions, < upright position and walking, > sitting doubled up; pain in l. lumbar region; spasmodic pain in l. lumbar region. Sharp and quite steady pain in r. lumbar region near spine.

Quick, darting pain in lower part of spine; transient pain in r. lumbar region.

Aching in lumbar region > by motion; aching in lumbar region preceding stool, relieved by evacuation; severe ache in lower part of back; backache in lumbar region; backache < lumbar region; backache from lower dorsal region downwards.

Sacral Region. Aching in sacral region; dull aching in sacrum, < standing.

32. Upper Limbs

Upper Limbs. **Shoulders.** Itching on l. shoulder [1-2]; itching rash on l. shoulder.

Numbness of shoulder [1-2].

Jerking in r. shoulder.

Pain in shoulder; pain in r. shoulder [3-3]; pain in l. shoulder and arm after exercise; pain from neck down l. shoulder and arm.

Dull pain in shoulder joints; dull pain in r. deltoid muscle; dull, tired pain in r. deltoid muscle; dull pain over r. acromion process; dull pain in a spot as big as a dime over acromion process.

Sore pain at attachment of deltoid on humerus; sore pains across shoulder blades; sore pains in l. shoulder, coming suddenly and disappearing gradually.

Aching pain in r. shoulder down to hand; aching in l. shoulder, dull < motion.

Sharp pains in shoulder; sharp pains in r. shoulder[3-4]; sharp pain in l. shoulder joint.

Darting pains in shoulders[1-2]; transient pains in arm over insertion of deltoid; fugitive pains in shoulder muscles on r. side[1-3]; neuralgic pains about r. shoulder, continuing to circumflex nerve; neuralgic pain about l. shoulder[2-4]; fleeting pains in l. shoulder; twinges in l. shoulder; twinging pains in l. shoulder; fleeting pains between l. shoulder and neck extending down arm to hand.

Arms. Intense itching and burning on arms.

Rash on entire surface of arms resembling scarlet rash.

Vessels in arms beat strongly.

Twitching in muscles of arms at night; twitching in muscles of r. arm; muscles in l. arm twitch all day.

Numbness in r. arm[1-2]; twinging in r. arm as if asleep.

Feeling of weakness in arms; loss of power in arms; l. arm rather weak.

Arms are awkward, cannot hold bundles without their slipping down.

Muscles of l. arm and shoulder stiff and sore.

Pain in r. arm extending to finger tips, in pulsating waves; pain in l. arm; pain entire length of l. arm.

Dull pain between neck and l. shoulder extending down arm to hand; in r. elbow joint; slight pain in r. arm; pulsating pains in r. arm; pain in r. arm running from shoulders to tips of fingers; pulsating pains in r. arm.

Numb pain in l. pectoral muscle extending down arm, of transient duration, felt upon several occasions and once in r. pectoral muscle.

Sharp pains in arms[1-6]; sharp pain in back of arms from elbow to shoulder; sharp pain in biceps muscles extending to ends of fingers; sharp, transient pains in arm near insertion of deltoid about metacarpal bones; sharp pain entire length of r. arm; sharp pain in l. upper arm.

Twinges in l. arm; twinges in fleshy part of l. arm; sharp stitching pain in l. arm[2-2]; shooting pain in l. upper arm; neuralgic pains down l. arm to hand[1-3].

Migratory pains in r. arm[1-2]; migratory pains in l. arm; wandering pains in l. arm and hand.

Numbness and dull pain in elbow joints.

Elbow reflexes accentuated.

Dull pain in r. elbow joint.

Forearms. Skin of forearms quite red and dry.
Burning on upper surface of forearms.
Twitching in l. forearm.
Marked sensation of contraction in area of l. radial nerve.
Tendency to numbness in distribution of both median nerves.
Sharp pains inside l. forearm; shooting or darting pains, quick, sharp, and momentary, inside of l. forearm.
Wrists. Papule on r. wrist.
Lameness, with dull pain in wrist joints.
Pain in r. wrist; dull pain in wrists; momentary, dull pain in wrists; sharp pains in both wrists [1-4]; darting pains in wrists [1-2]; sharp, momentary pains in wrist; in r. wrist [2-10]; flitting pains, sudden and sharp, in r. wrist; sharp, momentary pains in l. wrist [2-3]; shooting or darting pains, quick, sharp, and momentary, in l. wrist; at night, darting pains in r. wrist [1-2].
Hands. Skin of hands quite red and dry; hands dry; hands feel dry and are red; back of hands red with constant burning; burning and redness of skin on back of hands; palms of hands red; palms of hands very dry and parched; palms of hands dry and rough [2-2]; palms of hands very dry [3-3]; dryness of palms of hands; palms dry and hard.
Hands feel hot [1-3]; sensation of heat in hands, which feel hot to others.
Vessels in hands beat strongly.
Hands feel moist after dryness; hands very moist.
Hands cold [1-2].
Hands stiff; hands feel stiff and full, < l. > night; hands feel dry and stiff; hands feel stiff and clumsy; hands feel as if swollen; drawing feeling on closing hands.
Trembling of hands [4-4]; tremor of hands [2-2]; hands unsteady in fastening clothing.
Feeling of weakness in hands; things fell out of hands which had no power.
Constant motion of hands with delirium; carphologia.
Numbness of r. hand [1-2].
Pain in r. hand [2-4]; dull pain in hands [1-2]; momentary, dull pains about hands [1-2]; dull pain in r. hand; severe, dull pain in r. hand, followed by burning sensation; dull pain in l. hand; sharp pains in hands [1-4]; sharp pain in back of r. hand [2-2]; sharp pain in r. hand [3-6]; in l. hand [2-4]; about hands; two sharp pains in r. hand and l. ear simultaneously; flitting pains, sudden and sharp, in r. hand; shooting or darting pains, quick, sharp, and momentary [2-6]; in back of r. hand; in l. hand [2-7]; wandering pains in l. hand; pulsating pain in second finger of l. hand;

rheumatic pains between third and fourth metacarpal bones; transient pains about metacarpal bones.

Thumbs and Fingers. Pustule on back of l. third finger.

Skin on fingers looks and feels glossy; fingers stiff; fingers feel as if covered with dry egg albumen and were as smooth as ivory; finger tips dry and rough; finger ends dry and rough as if about to chap and crack.

Fingers shrivelled and nails blue.

Palmar surface of fingers numb; tingling in r. fingers as if asleep.

Pain in ring finger of r. hand; sharp, momentary pains in r. fingers; strong pain in middle and ring finger of l. hand.

Dull pain in thumbs of both hands; pain in thumb; in end of l. thumb; momentary, dull pain in thumb of l. hand; flitting pains, sudden and sharp, in end of l. thumb; sharp, momentary pains in thumb; sharp pains in thumb; sharp pain in l. thumb; shooting or darting pains, quick, sharp, and momentary, in ball of thumb and thumb; sharp pain in index finger r. hand; sharp, migratory pains in r. fingers.

Sharp, stinging pain in r. thumb.

Pulsating pain in fingers of l. hand.

Rheumatic pains in middle of ring finger of l. hand.

33. Lower Limbs

Lower Limbs. **Hips.** Pain in r. hip when walking; pain in l. hip [2-2]; sore pain in l. hip.

Slight pain in hips < bending over; in l. hip and thigh.

Sharp pain in l. hip [2-9]; neuralgic pain in l. hip; twinges in l. hip; twinging pains in hip; rhythmical pains, sudden and sharp, from l. hip to ankle.

Strong pain in bone of l. hip joint [1-2].

Cramp in l. hip; cramp-like pain in l. hip; cramp in l. hip causing her to hesitate in walking; cramp-like pain, coming and going suddenly, in l. hip, [1-4], through flesh and head of femur as if in bone marrow.

Legs. Itching in legs [1-6]; intense itching and burning on legs; itching as if something were biting legs [1-3] (unusual symptom, no eruption); itching on r. leg.

Pain in legs; pain in back of legs [1-3]; pain in back of legs < on moving; severe pain down r. leg from hip; pain in r. leg; pain in l. sciatic nerve.

Dull pain in legs; in entire r. leg; in outside of r. leg; dull pains in l. leg [1-2]; dull pain in entire l. limb; dull pain in outside of l. lower limb.

Slight pain in legs, with sore feeling when not aching; in

back of legs [1-4], on rising, which disappeared about 10 a. m., < on moving.

Drawing pain in legs.

Aching in legs [1-4]; aching pains in legs with numbness, < r.; dull, aching numbness in legs; legs ache as though she had walked miles; aching in legs, > motion.

Sharp pain in lower limbs; sharp, migratory pains in both legs; sharp, momentary pains in legs [2-3]; sharp pain extending from r. hip to ankle [2-2]; sharp, migratory pains in r. leg [1-3]; sharp, momentary pains in l. leg [1-2]; sharp, darting pains in l. sciatic nerve, extending down leg and ending in l. saphenous nerve; sudden, sharp pain shooting down l. anterior crural nerve to knee, followed by ankle cramp.

Legs tired; tired feeling in legs; legs feel very tired and stiff in joints; legs feel tired; tired and weak in legs.

Legs weak; weak feeling in legs; weakness of muscles of legs; feeling of weakness in lower extremities; great weakness in lower extremities; great weakness in legs upon rising from a sitting or lying posture; feels weak in legs with tendency to stagger; legs feel too weak to support body; great weakness in legs on going upstairs; legs weak and trembling, < going down stairs; legs trembling [1-2]; l. leg rather weak. Heavy, weary feeling in legs; leg heavy [1-6]; leg heavy and feels swollen; great heaviness in legs; heaviness in legs while sitting; r. leg feels heavy; l. leg heavy for a long time after proving.

Restlessness in legs and feet, > constant motion; desire to keep legs moving; lower limbs restless [1-2].

Twitching in muscles of legs at night; twitching of individual muscles in legs; legs twitch; jerking in legs; jerking in whole of r. leg (had chorea in childhood).

Prickling sensation causing legs to jump and jerk; formication and jerking, one leg at a time; sensation of stinging in legs, which causes jumping and jerking.

Legs feel as though cold water were running down in them [1-2]; a feeling as if cold water were running down inside of legs from l. hip to toes.

Loss of power in legs; legs do not readily respond in action; seems like motor paralysis; l. leg drags because it is too heavy and from loss of power.

Thighs. Bright red eruption on thighs, inclined to be pustular; papules on thighs.

Pain down back of thighs; pain in outer side of l. thigh; pain in back of l. thigh; pain in l. thigh [1-2]; pain in l. thigh to knee, < crossing l. over r. knee; pain in bones from l. thigh to knee.

Dull pain in upper part of thighs; dull ache down thighs;

dull pain extending from l. thigh to knee; dull pain near lower end of thigh to knee, which seemed to come in slow waves.

Slight pain back of thighs continuing from 4 to 9 p. m.; slight pain when putting l. thigh muscles on a stretch; in l. thigh to knee, < crossing l. over r.; in back of l. thigh and calf [2-2].

Neuralgic pains in l. thigh; flying pains between l. knee and thigh.

Drawing pain in l. thigh extending to great toe.

Rheumatic pain in anterior aspect of thigh in extensor muscles.

Slight, fibrillary twitchings in l. thigh.

Great heaviness in thighs.

Knees. Itching on knees.

Pain in region of knee; pain in knee-joint, < motion; pain in knee, < motion; knees painful when walking; pain in knee-joint, < crossing l. over r. knee; pain in l. knee-joint on going up and down stairs; pain under l. knee.

Dull pain about knees [1-2]; momentary, dull pains in both knees; dull pain in l. knee.

Slight pain in knees when walking; over r. patella; in knees < l.; in knee joints during a. m. (no tenderness to touch) upon bending knees to sit down, especially when crossing l. over r. knee; in thigh to knee < crossing l. over r. knee.

Sharp pains in knee-joints > by motion; sharp pains in both knees; sharp pain in r. knee [3-4]; sharp, shooting pains in r. knee [2-5]; over r. knee [1-4]; sharp pain in region of l. knee; sharp, shooting pain in l. knee [1-4].

Twinges in both knees; twinging pain under l. knee which made her feel like throwing the knee up; fleeting pains in r. knee; darting pain through r. knee; twinges in l. knee; flitting pains, sudden and sharp, in l. knee.

Strong pains in both knees.

Shooting or darting pains, quick, sharp, and momentary, in knees [2-2]; over r. knee; in l. knee; momentary, sharp and dull pains, sometimes pulsating about knees.

Drawing pains under both knees; drawing pain, posteriorly from above to below l. knee [1-2].

Rheumatic pains in knees.

Aching in knees; aching in tendon back of knee-joint; sore, aching pain in r. patella < rest > walking.

Sensitiveness of both knees while on stairs.

Knees stiff and sore; knees so stiff and lame could hardly walk, > motion.

Weakness in knees after standing awhile; weakness in back of knees; knees feel weak as if they needed oiling; knees

shaky in walking; knees give out with a jerk when walking, < l.
Swelling in r. and l. popliteal spaces.
Knee reflexes accentuated; patella tendon reflexes reduced.
Twitchings under r. knee.
Knees to Ankles. Itching in calf of l. leg.
Papules on upper part of r. calf.
Pains in knees and ankles, < l.; pain in calves of legs; pain in back of l. calf.
Dull pain in r. calf; in r. shin bone.
Slight pain in calves of legs [2-2] on going up stairs; in back of l. thigh and calf [2-2].
Sharp pains in both legs from knees to ankles; sharp pains in shin bones; in r. shin bone; in outside of calf of l. leg.
Strong pains flying from l. knee to foot and back again for about 5 min.
Shooting or darting pains, quick, sharp, and momentary, from knee to ankle; in r. shin bone.
Twinges in l. calf.
Aching in calf of leg, < r.
Legs cold to knees.
Ankles. Pains about ankles; pain in ankles when walking.
Momentary, dull pains in ankles [1-2].
Dull pain in ankles [1-2]; in r. ankle, causing limping; dull pain in r. ankle; three different times during day, dull pain in r. ankle and foot of such severity that it was necessary to limp for 3 or 4 steps, the pains coming on while walking and located in outside of foot and ankle.
Slight pain in ankles, < l.
Sharp pains in ankles [2-2]; sharp, migratory pains in r. ankle [1-3]; sharp, momentary pains in r. ankle [2-3]; darting pains in r. ankle [1-3]; sharp pain in l. ankle [3-8]; sharp pain encircling l. ankle [1-2] like cramp; rhythmical pains, sudden and sharp, from l. hip to ankle.
Sharp, transient pains about ankles.
Aching in ankles; aching pains in ankles > walking < rest; dull, aching pain in r. ankle < motion.
Bruised feeling in ankles when walking.
Rheumatic pains in ankles.
Ankles swollen [1-3]; ankles swollen at night, swelling disappeared in morning.
Feet. Itching as if something were biting bottom of r. foot.
Feet hot and dry; burning in soles of feet.
Feet cold [2-3].
Continuous pain in r. foot; slight pain in r. foot.
Dull pain in feet [1-2]; dull pain in r. foot [2-2]; in r. foot causing limping; momentary, dull pains in feet; dull pain in l. foot.

Momentary, sharp and dull pains, sometimes pulsating, about feet; sharp pains in l. heel; sharp pains in feet [2-4]; in r. foot [1-3]; inside r. foot; in instep of r. foot [1-3]; sticking pain in sole of r. foot; sharp, migratory pains in bottom of r. foot; sharp pain in outside of l. foot midway between heel and toes; in l. foot across instep and toes; across l. foot up into instep; in instep of l. foot [1-2]; in outside of l. foot; in l. foot near middle toe.

Strong pains in l. instep; in l. foot and region of toes.

Flitting pains, sudden and sharp, inside of r. foot; inside of l. foot.

Darting pains in r. foot [2-2]; in r. foot, almost continuous for a while; shooting, or darting pains, quick, sharp, and momentary, in r. foot [1-4]; in r. and l. foot; in l. foot [1-3]; in l. instep; in bottom of l. foot, near middle toe; in l. foot across instep and toes; in heel.

Feet tender.

Feet swollen; feet swollen towards night; l. foot so swollen in morning had to wear old shoe.

Heaviness in feet while sitting.

Feet feel very light.

Feet feel as though without sensation.

Toes. Pain in l. great toe, streaking up to instep.

Dull pain about toes; momentary, dull pains about toes, especially those of l. foot; dull pain in toes of l. foot.

Slight pain in last joint of second toe, r., very painful on waking in a. m., continuing through day, with pains later in all the toes of both feet, < r.

Strong pain in region of toes.

Shooting or darting pains, quick, sharp, and momentary, about toes r. and l.; across l. instep and toes.

All toes of both feet, < r. sore and painful.

Sharp pains in toes; sharp pains in toes of l. foot.

Drawing pain in l. foot in region of great toe.

Joints of large toes red and painful on waking in the morning, last joint of r. great toe very painful — cannot bear pressure of shoes.

34. Limbs in General

Limbs in General. Itching of all the limbs [1-4].

Dull pains, of brief duration, all over body and in limbs through day.

Sharp, migratory pains in all the limbs; sharp pain in the joints > by motion; shooting or darting pains, quick, sharp and momentary, in upper and lower extremities [1-2].

Aching in muscles of extremities; aching in all the joints.

Stiffness in all the joints; stiffness in extremities; stiffness

and aching in every joint; stiffness and aching in all the joints, < motion.
Marked trembling of legs.
Spasmodic contractions of legs.
Reflexes much accentuated; all reflexes, except l. wrist, increased.
Numbness in extremities.
Awkward feeling in arms and legs, they do not seem to be entirely under control of the will.

35. Rest. Position. Motion.

Rest > headache.
Keeping quiet > headache.
Keeping quiet entirely > pain in region of heart.
Keeping quiet > nausea.
Rest > abdominal symptoms.
Rest stops pain in back.
Rest > pain in middle of back.
Rest > pain running downward and outward from spine to r. ileum.
Rest > pain in lumbar region.
Rest > aching pain in patella.
Rest > aching pain in ankle.
Standing < headache.
Standing < dizziness.
Standing causes drawing sensation from nape of neck to feet.
Standing < pain in middle of back.
Standing < aching pain all over back.
Sitting > headache.
Sitting quietly < sharp pains in all parts of the body.
Sitting stops pain in back.
Sitting doubled up > spasmodic pain in lumbar region.
Sitting < dull aching in sacrum.
Sitting < dull aching in anus.
Sitting < jerking in legs.
After sitting legs twitch.
Lying down > dyspnea.
Lying down > pain in abdomen and back.
Lying down stops pain in back.
Keeping body erect > pain in abdomen.
Upright position < spasmodic pain in lumbar region.
Bending head backward > pain in head.
Leaning backwards > pain in abdomen.
Throwing shoulders forward relieves heaviness in epigastrium.
Stooping causes vertigo [2-3].
Stooping < throbbing headache.
Bending over causes pain in chest.
Bending body forward < difficulty in breathing.

Bending body forward < irritation in upper chest.
Bending forward < cough.
Bending over < pain in abdomen.
Doubling up > cramping pain in abdomen.
Crossing knees < pain in thigh.
Motion < pain in head.
Motion < dull headache.
Motion < frontal headache.
Motion < pain in head at lamboid suture.
Motion < light feeling in head.
Motion < pain in eyeballs.
Motion < aching in eyeballs [2-2].
Motion < pain in throat.
Motion < pain in chest.
Motion < pain from chest to back.
Motion < pains in region of heart.
Motion < nausea [2-2].
Motion < nausea and vomiting.
Motion < abnormal symptoms.
Motion < cramping pains in umbilical region.
Motion < pain in r. inguinal region.
Motion < pain in pelvic region.
Motion < cramping pain in region of bladder.
Motion < muscular pains [2-2].
Exercise causes pain in l. arm and shoulder.
Motion < dull, aching pain in l. shoulder.
Motion < backache.
Motion starts pain in back.
Motion < pain running downward and outward from spine to r. ilium.
Motion > aching in lumbar region.
Motion < pain across hips and back.
Moving < pain in back and legs.
Motion > aching in legs.
Motion > stiffness and lameness in knees.
Motion > sharp pain in knee-joints.
Motion < weakness in legs.
Rising, after sitting awhile, < aching and stiffness in all the larger joints.
Gaping causes pain in r. groin.
Gaping < sharp pain back of l. nipple.
Dropping jaw causes snapping in Eustachian tube.
Efforts to clear throat < scraping sensation.
Hawking and singing < sensation of dryness and scraping in throat.
Hawking and clearing throat < dryness and scraping.
Breathing causes sticking pain in r. chest.
Breathing excites coughing [2-2].

Deep breathing causes pain in chest [2-2].
Deep breathing < soreness in sternum.
Deep inspiration < pain back of l. nipple [1-2].
Deep breathing excited cough.
Deep breathing causes pain in r. groin.
Inspiration causes heart to beat faster than expiration.
Expiration causes sticking pain in chest.
Expiration < sharp pain back of l. nipple.
Expiration causes sharp pain in r. side just below last rib.
Coughing causes pain in throat.
Violent coughing causes pain in r. side of head.
Walking < dizziness.
Walking causes vertigo.
Walking < dimness of vision.
Walking < dryness in throat.
Walking < sore feeling in abdomen.
Walking < abdominal symptoms.
Walking causes pain in back.
Walking < pain in middle of back.
Walking < spasmodic pain in lumbar region.
Walking causes pain in r. hip.
Walking < rheumatic stiffness in thighs.
On beginning to move rheumatic stiffness in thighs <.
Walking < sharp pain in uterus.
Walking about > jerking in legs.
Walking > restlessness in legs and feet.
Walking causes pain in knees.
Walking < aching pain in patella.
Walking causes knees to feel shaky.
Walking causes knees to give way with a jerk.
Walking < aching pain in ankle.
Walking causes sensation of feet slipping from under him.
Walking causes sharp pain in sole of foot.
Backward step > drawing sensation from neck to feet.
Jar < headache.
Exertion < cough.

36. Nerves

Weakness. Feels weak [6-7] all over and unsteady; weakness [4-5]; great weakness [4-7]; very weak feeling all day [1-3]; feeling of weakness [3-4]; very weak [1-3]; general feeling of weakness on going into outer air in a. m. [1-3]; general weakness of the body [8-9], < in hands, < in legs; exhausted [3-4]; general sensation of weakness; general weakness, especially in hands; does not have any strength, and feels like lying down continually; had to lie down and rest from great weakness; faint, weak,

gone feeling; sensation of trembling; sensation of relaxation of muscular and vascular systems, < p. m.; weakness of muscles, especially of legs; feels so weak can scarcely walk; upon least exertion, profuse perspiration and weakness which obliges him to desist; very weak and tired; 4 p. m. weak sensation all over similar to that once felt when tonsilitis was developing; weak all over [1-3]; very weak and easily tired; very weak feeling all over [1-3] so that even talking was too great an effort; muscles of jaw weak and sore; faint feeling; sensation of faintness [1-3] as from hunger; weak, trembling and very nervous; awoke feeling very well, but at 10 a. m. began to feel very weak and tired; prostration [1-3], < in p. m.; feels somewhat weak and unsteady; complains of great weakness; does not seem to have any strength; very weak [1-2], had to lie down and rest; general weakness, < in hands; feeling of weakness in hands and arms; things fell out of her hands, which had no power; feeling of weakness in arms, hands, and lower extremities; loss of power in l. arm and l. leg; upon rising from sitting or lying posture legs seem weak as though they would not hold up the body, but this sensation soon passes off; great weakness of limbs; weak feeling in legs [1-2] from noon through p. m.; feels so weak can scarcely walk; general muscular weakness [1-2], < in legs; legs and small of back feel too weak to support body; feels weak in legs; legs are tired and weak; great weakness in legs [4-6], < on going upstairs; weak feeling in legs; l. leg has not as much power as usual; 2 p. m., while standing, suddenly felt queer as if about to fall from weakness, and all-gone feeling in l. side, and, on trying to walk, found l. leg dragged because too heavy and from loss of power — this feeling wearing off after an hour, only little touches of it remaining during evening, but a similar group of symptoms developed two days later, lasting about an hour and leaving l. leg and l. arm rather weak; feeling of weakness in lower extremities; feeling of weakness in legs, with aching; weakness and tired feeling in legs; all day knees feel weak; weakness in knees, after standing awhile; weakness back of knees; knees feel weak, can hardly get around.

Felels tired [7-28] and worn out [1-7]; feels exhausted [1-2]; feels very tired [2-2]; awoke tired [2-12]; after good night's sleep very tired and felt like returning to bed; tired and sleepy feeling in p. m., with difficulty in keeping awake; tires very quickly [2-2], upon least exertion, perspiration and weakness oblige him to desist; feels very tired as though he had been over-worked; feels tired all

day [1-5], worn out, and good-for-nothing; tired and weak all over [1-2]; weak, tired feeling all the p. m.; very much fatigued all the time; very tired [8-12], as if he could get no rest anywhere; so tired he could hardly stand; general tired feeling [1-3]; weary, tired feeling all p. m.; tired, worn feeling; fatigue and faintness after slight exertion; went to bed early feeling all worn out; lower half of body feels so tired she can hardly walk; much exhausted from walking a short distance; great muscular fatigue; on waking limbs feel very tired; tired feeling in legs; legs are tired; l. leg tired.

Heaviness. Feels heavy [1-14] and logy [2-4]; heavy feeling all over body [1-4], accompanied by chilly sensation; heavy and uneasy sensation all over body, preventing sleep; apathetic, "dopy," stupid feeling all day with no desire to do anything which required exertion; heavy feeling all over body [1-4]; a heavy "drunk" feeling all over body [1-2]; felt "tough"; felt dopy and sleepy; felt logy [1-2]; feels "good-for-nothing"; feels as if he had been on a "big spree"; dull, heavy, sluggish feeling, < between 11 a. m. and 2 p. m. when everything seemed a great effort, even breathing; heaviness of feet and legs while sitting; great heaviness in legs, back, and thighs as if he had walked a great distance; heavy feeling in legs; r. leg feels heavy; l. leg heavy [1-9]; l. leg heavy and felt as if swollen [the l. leg was heavy for a long time afterward. — D.].

Clumsiness. Physical sluggishness in moving about resulting in heavy, clumsy movements, hitting against chairs, etc.; clumsiness; hands feel stiff [1-3] and full [1-3], < l., at night; arms are awkward, cannot hold packages in hands without their slipping down; l. leg feels swollen; feeling as if hands were swollen; drawn feeling on closing hands; hands feel stiff and clumsy.

Indolence. Indolent [1-2]; disposition to remain quiet [1-2]; feeling of lassitude; everything is an effort [1-2]; requires an extra amount of will power to work; feels quiet and does not want to move; disinclination to move, with weakness; disinclined to make any exertion; general feeling of lassitude [2-2]; during day very indolent; all duties seem to require great effort; all work seems troublesome; aversion to labor and even to moving; no desire to do anything that requires exertion; disinclination to either mental or physical exertion; disinclination to either study or work [2-2]; wants to rest and sleep; feels listless, sleepy, and disinclined to any exertion; aversion to any kind of labor, feels like lying down continually; wants to lie down; wants to lie and be still; wants to lie quietly.

General Malaise. Miserable, indescribable, sick feeling all over; felt "miserable"; general sick feeling over entire body [2-3]; feels sick, as if from some impending illness; 8:15 p. m. began feeling sick all over; 7 p. m. went to bed with general sick feeling over entire body [1-2]; gone feeling; feels on verge of nervous illness; face pallid and people remarked upon his sick appearance; looks pale and worried; general malaise.

Restlessness. General uneasiness; restlessness [4-11]; restlessness [1-2], < towards night, > by constant walking; restless and turning all night [2-6]; restless all night [1-5]; restless during night; restless after 4 a.m.; feels restless, tired, and heavy [1-14]; during delirium hands were in constant motion; prover restless, constantly changing position; a feeling of fulness in thorax developed in p.m. and was accompanied by nervous restlessness; nervous, hurried feeling in region of stomach; lower limbs restless, wants to keep them moving; very restless all day; found it difficult to sit quietly while studying; so restless could not settle to anything; nervous and restless in night [1-3], waking several times (uncommon); restless at night, could not find an easy position; restless, pacing up and down the room; toward night restlessness; somewhat restless at night; very restless 2 hrs. before rising; general nervousness with desire for change of position when sitting, not noticed when lying down, excitement increases the whole state; in p. m. and evening, a peculiar nervousness appeared, referred particularly to legs and feet, to relieve which he kept constantly walking and became so restless he could not sit still for two minutes.

Irritability. Irritable [2-2]; general irritability [1-3]; more easily irritated than usual.

Nervousness. Felt nervous [3-3]; very nervous [4-5]; exceedingly nervous; nervous during night; general feeling of nervousness [2-7], with sensation of trembling; nervous, found it difficult to sit still while studying.

Jerking. Jerking of individual muscles all over body and limbs, continuing during day; sleep disturbed by jerking; prickling sensations at night caused feet and legs to jerk [1-2]; jerking in whole r. leg (had chorea in childhood); choreic jerkings, < evening and while listening to sermon; jerking of individual muscles especially in leg [1-12], felt especially when his mind is occupied, beginning in a.m. and continuing through day; jerking in r. shoulder, then passing down spine into legs, felt especially when sitting and > when walking about, these contractions occurring sometimes as frequently as 6 per min. and again only once in 10 min., < by noise, and

continuing during sleep; twitching and jerking of individual muscles, especially in legs, continued in various forms for 12 days; muscular jerking, especially increased when the least excited and continuing during night; convulsive jerking of entire body, on attempting to go to sleep, continued all night, also formication and jerking, one leg at a time; muscles fatigued from continuous jerking.

Twitching. Twitchings in various parts of the body disturbing sleep; muscles of l. arm twitching all day [1-2]; twitching in muscles of r. arm; in the night, twitching in muscles of arms and legs; after sitting awhile legs twitch; slight fibrillary twitching in l. thigh; twitching under r. knee.

Jumping. Awakened frequently by jumping; awoke several times (especially 3 and 5 a. m.) with a jump, and jaws set so tightly that they ached; prickling sensations at night caused him to jump.

Spasms. Several times rigid spasms in region of larynx; contraction of body prevented sleep; spasmodic contractions all over body, lasting nearly an hour.

Contraction. Sensation of contraction beginning in l. pectoral muscle and extending to mastoid and then down l. arm, continuing through day; cramps in l. hip, causing her to hesitate in walking, continuing through day, spasmodic contractions in all parts of body lasting nearly an hour.

Uncertainty in Walking. Step unsteady [1-3]; feeling of uncertainty in walking and in sitting down; staggering and tottering with unsteady gait; stumbling; stumbling when going upstairs; tendency to walk toward the l. [1-2]; stumbling and falling to the l.; when walking is liable to bump against furniture, not from vertigo, but rather from an inert condition; when walking on street a sense of insecurity and sensation as though the ground were giving away under foot, < l.; unsteady gait, feels dizzy as if intoxicated; staggers upon walking; tendency to stagger to the r.; quick movements cause staggering; limbs do not readily respond in action; cannot take long steps; cannot walk fast, seems like a motor paralysis; in walking, knees feel shaky; knees would give out with a jerk in walking, < l. [1-2].

Unsteadiness. Hands unsteady in unfastening clothing; unsteady feeling as though about to stagger; sensation as if she should stagger if the eyes were closed; queer, tottering feeling as if she should stagger if the eyes were closed; feels like falling when eyes are closed; sensation as if about to fall backward, at times obliged

to take a step backward to relieve this feeling; feeling as if about to fall; head feels top-heavy; cannot tell whether standing straight or not; 11 a.m. suddenly r. eye felt as if expanding and protruding, with sensation of nausea and light-headedness, while the ground seemed coming up and she seemed about to fall backward; feels somewhat weak and unsteady; slight faintness and sensation of unsteadiness, < on rising from sitting posture; tendency to fall when closing eyes.

Trembling. Sensation of trembling; nervous and trembling sensation; general nervousness [2-4] with sensation of trembling; weak, trembling and very nervous; sensation of fine tremor all over, < inside body; trembling all down l. side; sensation of trembling in hands, < by anything exciting; trembling of hands [5-5]; marked trembling of hands; tremor of hands; hands tremble [1-2] and are in constant motion (carphologia); trembling of limbs [1-2]; marked trembling of limbs [2-3]; legs weak and tremble, especially when going upstairs.

Tingling. Tingling [1-2] with numb sensation on tip of tongue when touched against the teeth; tingling with itching all over body; sense of tingling over distribution of median nerve, with some tenderness of nerve, which prover says does not come from any extra exertion and cannot be accounted for; tingling in r. arm and fingers as though asleep; slight tingling in spine [1-6].

Numbness. Numb sensation on tip of tongue, with tingling, when touched against the teeth; numbness of r. shoulder and hand [1-3]; numbness of extremities; numbness in legs, with pain and desire to draw up legs for relief; dull, aching numbness in legs; numbness in legs with aching pain, < r. side and on lying down; 9:20 a.m. chill up the spine followed by slight tingling in spine and after about 3 min. numbness and pain across lower back, which lasted until afternoon, this same group of symptoms being repeated with diminishing intensity on 6 subsequent forenoons; 6:15 p.m. a chill ran up the spine followed by numbness across back, below waist, lasting 10 min., then suddenly a headache struck below the occipital boss, extending through to the root of nose between the eyes > and < suddenly, also gusts of aching pain through from l. to r. temple, behind and touching the eyeballs, which felt small, loose in their sockets and pushed forward, < l. eye; the headache > by bending head backward and by closing eyes. All these symptoms appeared the same on the following evening; awoke at night with sensation of lightness in feet and could not feel the bed with her feet, was very drowsy but unable to sleep;

cutaneous nerves near palmar surface of fingers were numb, with peculiar tingling feeling on rubbing hands together to relieve numbness.

Paralysis. Tendency to walk toward the l. [1-2]; falling to the l.; upper lids seem heavy and paralyzed [1-2]; eyes were half closed and she could not raise lids further [1-2]; loss of power in l. leg [1-2] and l. arm; legs do not readily respond in action, cannot take long steps, cannot walk fast, seems like a motor paralysis; had awkward feeling in legs and arms, they are not entirely under control of the will; 2 p. m., while standing, suddenly felt queer as if about to fall from weakness, an all-gone feeling on l. side, tried to walk and found l. leg dragged because too heavy and from loss of power; this feeling wore off after an hour, only little touches of it remaining during evening; a similar group of symptoms developed 2 days later, lasting about an hour, and leaving l. leg and l. arm rather weak. [This proving had to be abandoned as we feared a spinal myelitis affecting the legs might develop. The l. leg was heavy for a long time afterwards. — D.] Tendency to stagger to the r. with feeling of weakness in legs.

Hysteria. Felt hysterical [2-2]; hysterical symptoms, especially globus hystericus appeared at times; globus hystericus; at night felt quite hysterical, never had a similar experience; in morning felt only tired and weak.

Confusion. Speech somewhat confused; when engaged in conversation, ideas became confused and speech difficult and stuttering; tongue felt thick, could not talk easily, and did not seem to have good control of tongue.

Stammering. The prover has always stammered somewhat, but since taking the drug this has been worse.

Summary of Examinations

(Numbers here refer to Examinations.)

Pulse: easily excitable [1].
General hyperesthesia: noted [1].
Nervous tension: increased [1].
Nervous unrest: noted [2].
Nervous energy: general improvement [1].
General nervousness: exaggerated [6].
Reflexes in general: exaggerated [15]; variable [1]; unchanged [6].
Elbow reflex: exaggerated [3].
Patellar reflex: exaggerated [7]; diminished [2].
Plantar reflex: increased [1].
Jaw clonus: present [1].
Subsultus tendinum: noted [2].

Tremor: present [4], especially in hands.
Twitching: slight fibrillary in thigh [1].
Jerking: choreic, of legs [7].
Tenderness: of median nerve [1].
Numbness: slight, in distribution of both median nerves [1].
Station: static ataxia noted [7].
Muscular sense: unchanged.
Muscular co-ordination: unchanged.

37. Sleep

Sleep. Drowsiness [9–18]; drowsy < in p. m. [1–2]; drowsiness all day; sleepy [6–16]; sleepy on waking; feels half asleep all the time; feels like lying down and going to sleep; sleepy during daytime since taking drug; went to sleep in daytime more easily than usual; wants to rest and sleep; sleepy feeling, with disposition to remain quiet; abnormally sleepy all day [1–4] and dopy [1–2]; abnormally sleepy; feels sleepy but unable to sleep; sleepy after dinner; tired and sleepy, < after dinner; 3 p. m. strong inclination to sleep, lasting about 1 hr.; all day inclined to be sleepy; feels very sleepy [10–19], could hardly keep eyes open; sleepy feeling in p. m. with difficulty in keeping awake; sleepy all p. m., was kept awake with difficulty from 2 to 5 p. m.

Sleep troubled; restless sleep [6–9]; sleep broken [2–2]; sleep much broken [3–5]; slept poorly [4–10]; sleep disturbed, hence awoke unrefreshed; little or no sleep, with unpleasant dreams; sleep disturbed by troublesome dreams [8–9]; sleep in latter part of night troubled and disturbed (by dreams and restlessness); sleep disturbed by twitching in various parts; sleep disturbed by twitching and jerking [4–4]; sleep disturbed by jerking; awakened frequently by jumping; troubled sleep in p. m.; lay awake much at night [2–2]; restless at night, could not find an easy position; sleep restless and feels tired; sleep extremely restless; little or no sleep with much restlessness until 6 a. m.; poor sleep [1–2], and restlessness in latter part of night; for 3 nights, 5 hrs. restless, instead of 8 hrs. sound sleep, as customary; sleep poor towards morning, very restless 2 hrs. before rising; slept badly [1–6]; slept poorly [2–2]; poor sleep before midnight; nervous and restless in night [1–3], waking several times (uncommon); broken sleep with hungry, gnawing feeling in stomach; an uneasy night; somewhat wakeful during the night; retired early "but could not sleep all night long"; has not had a good night's sleep since taking drug; sleepless from heavy and uneasy sensation all over

body; slept poorly, being awake about 3 hrs. out of 8; slept in short naps from which dreams awoke him, falling asleep again and having a different dream, which again awoke him; talked aloud in sleep, awoke finding himself talking aloud, even after a short nap; nauseated and had to go to bed but was long in falling asleep; sleep disturbed[4-5]; more difficult to get to sleep and wakes often during night; difficult to get to sleep at night; could not sleep for a long time on account of contractions and backache, although feeling strongly inclined to sleep, afterwards talked for some time in her sleep, sat up in bed 2 or 3 times and dug head fiercely, tearing at her hair, but unconsciously, felt quite hysterical, never had a similar experience, in morning felt only tired and weak; slept badly, very restless, tossing about from side to side.

Sleep unrefreshing; awoke very tired[1-8]; slept a good deal during day but does not feel rested; awoke tired after sleeping very heavily; drops asleep immediately upon lying down, sleeps too soundly and awakes unrefreshed; unrefreshing sleep in p. m. with troubled dreams.

Sleep, as to time: forepart of night very restless; did not sleep well before midnight, afterwards rested quietly; restlessness until 6 a. m., only good sleep from 6 to 6:30 a. m.; slept well first part of night, restless in latter part; troubled, restless sleep, awaking at 4 a. m.[2-3]; slept until 4 a. m., after that restless and sleepy; sleepless after 4 a. m.; wakes too early; awoke about 3 a. m. after only 3 hrs. sleep; awakened at 4:30 a. m. after only 4 hrs. sleep; 8 a. m. overpowered by sleep and went to bed for a nap of 2 or 3 hrs.; went to sleep twice in church; slept in p. m.[1-2]; short, restless nap from 10 a. m. to 2 p. m.; dined at noon and slept until 6:30 p. m.; went to sleep in p. m. more easily than usual; after supper felt so tired and unusually sleepy that she retired at once; 10 a. m. became drowsy and slept until noon.

Dreams. Troublesome dreams disturbing sleep[8-9]; troubled dreams all night[1-9]; dreams of trouble[1-3]; dreams of quarrelling[1-2]; dreams of accidents; dreams about injuries; dreams of misfortune of all kinds; very unpleasant dreams, one to the effect that she was in jail; distressing dreams[1-2]; dreams of things happening to others; troubled dreams; sleep has been disturbed by bad dreams of falling into water, etc., all through proving; troubled dreams about ineffectual efforts to do things; after 4 hrs. sleep waked at 3 a. m. with bad dreams and could not again fall asleep; awakened at 4 a. m. with dreams of flying through the air; many

dreams, awakened frightened; late in falling asleep and dreamed of flying and of being in the water; sleep disturbed by bad dreams, and awoke at 3:30 a. m., after only 3 hrs. sleep, with dreams that she was on fire, and could not get to sleep again; awakened at 4:30 a. m. by bad dreams and could not get to sleep again; sleep disturbed by dreams of nervous character; unrefreshing sleep in p. m., with dreams of all kinds of trouble and calamities; after midnight, awoke three times frightened by vivid dream; after daybreak awoke frightened with a violent start from a dream of fire, but fell asleep again.

Dreamed all night of insects, felt as though something were crawling over the back and in the hair, got up to examine, but could find nothing; dreamed during night of lice on head, awakened and searched for them but found nothing[1-2] [another prover]; disagreeable dreams of "vermin on me"; inclined to confused dreams in early a. m.; dreams which she could not recall; memory of dream ideas blunted, does not remember dreams well; sleep interrupted by dreams which were hazy.

Sleep disturbed by amorous dreams and seminal emissions; awakened by emission after erotic dreams; during night had dream of erotic nature, which woke her with a start.

Dreamed all night; dreaming whenever dropping asleep; sleep disturbed by excessive dreaming as soon as he drops asleep; dreams awakened him with a start, then quickly fell asleep again, dreaming on a different subject; lay awake much, dreamed a good deal; had dreams, which is unusual with him; sleep full of dreams; sleep disturbed by dreams, hence awoke unrefreshed.

Dreams vivid; a dream so pleasant as to be remembered (unusual).

38. Time

Time. 1 a. m. Colicky pain in pubic region, followed by diarrhea; thin, yellow stool; stool pasty, large amount of flatus.

2 a. m. Lay awake 2 hrs. with very active thoughts, which were beyond control; violent, intermittent, cramping pains in l. side of abdomen (descending colon).

3 a. m. Thin, yellow stool; greenish-brown stool preceded by pain > afterward.

4 a. m. Urgent, watery, painless stool; awoke from sleep with fluttering of heart.

After daybreak awoke frightened with dream of fire.

5 a. m. Greenish-brown stool preceded by pain > afterward; two diarrheic stools; driven from bed by sudden, urgent, diarrheic stool.

5:30 a. m. Pain in epigastric region; pain in bladder.
Latter part of night: sleep restless; disturbed sleep.
6 a. m. Thin, yellow, watery stool.
6 to 6:30 a. m. Only good sleep during night.
6:30 a. m. Mouth dry with bad taste; stool partly watery.
On waking: dull headache; severe headache > after rising; tired and sleepy; posterior portion of eyeballs seems sore; lids stuck together; both eyes look small and swollen; conjunctiva injected; eyes pained and blurred [1-2]; back began to ache; legs seemed very tired.
During night: buzzing tinnitus in ears <; increased urination; backache <.
Early morning: wakefulness; poor sleep; awoke from restless sleep; very restless; itching between ear and throat both sides; sore throat <; wheezing [1-3]; watery evacuations [1-4].
On rising: after good night's sleep feel very tired and like returning to bed; very tired; dull and tired feeling; headache; slight frontal headache; frontal headache; right-sided, supraorbital headache; eyes feel as if half closed; both eyes congested, l. especially passing off in an hour or so; very bad taste in mouth; slight sore throat; sore throat [1-3]; upper part of chest wheezy with difficulty in breathing [1-3]; shooting pains up and down neck; stiff neck [1-3]; sore pain across shoulder-blade; pains in back, especially in scapula; pain under border of last r. rib; large, soft stool with pain in abdomen; slight pain in back of legs.
After rising: dull, frontal headache.
Morning: dizziness; white of eyes congested, especially l.; lachrymation < [1-3]; dryness of throat <; hoarseness < [1-6]; difficulty in breathing [1-6]; cough < [2-7]; out of doors cough <; putrid taste in mouth <; watery stool; diarrheic stools [1-3]; loose stools [3-4] without pain [1-2]; pain in abdomen [1-4]; burning all over body <.
7 a. m. Awoke with headache and feeling of mental fatigue; pharynx full of viscid mucus; loose stool; painless, diarrheic stool; stool with explosive flatus; greenish-brown stool preceded by pain > afterwards; soft, yellowish stool with offensive odor; mushy, offensive stool.
7:30 a. m. Pain in l. chest just above breast; diarrheic stool. After breakfast: Slight nausea and discomfort; diarrheic stool.
8 a. m. Overpowered by sleep; sharp pain in occiput running over to l. eye; colicky pain in epigastrium; cramps in bowels; stool not constipated; very loose stool; diarrheic stool [1-3]; watery stool with expulsion of flatus.

8:30 a. m. Frightened feeling; pain in l. temple; piercing pain in l. temple; sharp pain in l. brow.
9 a. m. Loose stool with much flatus; throat very dry; pain in back of legs < on moving; ringing in r. ear; copious, semi-fluid stool; stool preceded by colicky pains.
9:30 a. m. Ringing in l. ear; pain in neck and shoulder; chill up the spine [1-2].
9:45 a. m. Peculiar, shooting pain chiefly occipital.
10 a. m. Drowsy.
10 a. m. to 2 p. m. Short, restless naps.
10 a. m. Began to feel very weak and tired; oppressive headache in l. temporo-frontal region; headache over r. eye; burning in urethra before and during urination; cramp in l. hip; pain in l. thigh to knee.
10:30 a.m. Pain in hypogastrium; diarrheic stool; sudden, urgent stool.
11 a. m. Dull frontal headache [3-5]; right-sided headache; occipital headache.
11 a. m. to 2 p. m. Severe frontal headache.
11 a. m. Feeling as if cold water were running down inside the legs; ringing in l. ear; pain in region of heart [1-2]; loose stool with urging; stitching pain in back, l.
11:30 a. m. Feels dull and drowsy; sharp and contracted pain in r. ovary (repeated at 2, 4, and 5:30 and twice between 6 and 8 p. m.); twinges in l. arm; twinges in l. calf.
11:30 a. m. to 2:30 p. m. Dullness and drowsiness <; chest symptoms more pronounced, other symptoms <; all symptoms <.
Forenoon: symptoms seem <; very drowsy; feels very tired; headache; slight pain in abdomen relieved by stool; 3 movements preceded by pain; large, constipated, brown stool; intense desire to urinate; burning in urethra while urinating [2-2] and a short time afterwards; pain under r. scapula till noon.
Daytime: sleepy sensation during day.
12 m. Headache; slight headache; eyes blurred; dull pain in chest; face flushed and hot; slight nausea; peculiar pain around stomach following loose stool after straining, with much flatus; diarrheic stool; small, constipated stool; sharp pain under l. scapula; weak feeling in legs.
12:30 p. m. Stooping causes vertigo; sharp pain in l. eye.
12:45 p. m. Stool small, yellowish lumps.
1 p. m. Vertigo on walking; throbbing in occiput while lying down; mouth parched; colicky pain all over abdomen; difficult breathing; face flushed, r.; stitching pain

in back, l.; pain in l. hip <; drawing pain from above to below l. knee.

1:20 p. m. Slight frontal headache; face congested; pain and aching all over abdomen; feeling of weakness in arms, hands, and lower extremities.

1:30 p. m. General headache; frontal headache; pulse very variable; feels as if heart would stop beating; ineffectual urging to stool; pain in l. thigh <; pain in l. thigh to knee.

1:45 p. m. Hands and fingers stiff.

2 p. m. Great mental depression; weak, nervous, and restless; smarting and burning in eyes; fulness in throat; throat dry, parched, and scratchy; steady pain in heart; circulation slow; face flushed but not forehead; face red, hot, and flushed; watery stool; watery stool, sour in odor; constipated stool; sharp pain in l. temple; soreness l. temple > open air; soreness in upper l. arm; dull, aching pain in lumbar region; transitory, cramp-like pain in l. hip; severe pain down l. leg from hip; pain in l. knee; loss of power in l. leg; legs feel as if cold water were running down inside them.

2 to 4 p. m. Flushing of face [1-6].

2 to 5 p. m. So sleepy was kept awake with difficulty.

2:15 p. m. Dull, frontal headache.

2:30 p. m. Vertigo upon rising; momentary, heavy pain in both eyebrows; piercing pain in l. temple to eye; heat in face; blotchy redness of face; much frothy saliva in mouth; weight in epigastrium; pain across neck between shoulders; sharp pain in l. hip.

2:45 p. m. Pain in hypochondria.

3 p. m. Boring pain in l. temporo-frontal region as of pressure with knuckles; frontal headache relieved by naps; nervous, hurried feeling; very tired, had to lie down and rest; burning and smarting in both eyes; rush of blood to head; constant rush of blood to head with red face; diarrheic stool [1-3]; severe pain in ileo-cecal region; backache <; rheumatic stiffness in thighs <; till night chills up and down back.

3 to 4 p. m. Symptoms <.

3:15 p. m. Mouth parched and dry.

3:30 p. m. Frontal headache extending to occiput and back of ears; sounds in r. ear like bells; fulness in thorax.

3:35 p. m. Slight pain over l. eye; slight pain over r. patella.

3:45 p. m. Boring pain in l. temporo-frontal region.

4 p. m. Slight headache in r. supraorbital region; right-sided headache; sharp pain in centre of occiput; headache continuing until bedtime; very sleepy; slept; pain over

l. eye; eyes feel as if full of sand; eye symptoms < ; ringing in r. ear; throat commenced to be sore; weak sensation all over similar to that once felt when tonsilitis was developing; nausea for 2 hrs.; dull, pressing pain in epigastrium; pain in abdomen; sharp pain in l. inguinal region; diarrheic stool; burning in urethra before and after urination; pain down thighs lasting 5 hrs.; pain in back of legs.

4 to 8 p. m. Soreness and aching in epigastric and umbilical regions; uneasy feeling in lumbar region.

4:30 p. m. Marked sensation of dizziness; twinges in l. temple; sudden pain through l. ear into temple; itching in both eyes; distress in stomach; loose stool with much flatus; twinges in l. shoulder; sharp pain from l. shoulder down arm; weakness in legs; twinges in both knees.

5 p. m. General headache; frontal headache in waves; dull pain at point just above r. eyebrow; saliva white as snow, frothy and very sticky; sharp pain in epigastric region; colicky pains in abdomen; pain under l. scapula.

5:15 p. m. Sour eructations with nausea; urine passes with difficulty.

5:45 p. m. Vomiting and distress at stomach.

Afternoon: memory defective; stupid feeling < ; great depression without cause; dull headache; headache $>^{2-2}$; frontal headache $^{2-3}$; dull, parietal headache; very weak; prostration increased; weary, tired feeling; tired and sleepy feeling; sleepy; awoke from sleep with uncomfortable feeling in throat; aching and smarting in eyes $<^{1-2}$; smarting and burning in eyeballs $^{1-2}$; eyes blurred; hoarseness and scrapy feeling in throat; saliva white as snow, frothy and very sticky; sharp, burning pains in chest with each breath; dull, steady pain in whole heart; face flushed < ; heavy pain in abdomen; pain in ileum, beginning in p. m., < in evening; flatulence < ; bowels loose; 3 soft stools; diarrheic stools $^{1-3}$; loose stool without pain $^{1-2}$; painless diarrhea with excoriation; sexual desire increased; burning sensation about uterus; burning sensation about bladder; prickly rash all over body; sensation of relaxation of muscular and vascular system < in evening; aching in joints; stiffness and aching in all the larger joints < motion; stiffness and aching in every joint; aching between shoulder blades; rheumatic stiffness in thighs > ; numbness in legs; chilly sensation.

6 p. m. Piercing pain in l. temple; pain in r. eyebrow; chill running up spine with numbness of back; pain in r. upper chest; redness in face; "belching of wind"; unusual flatulence in abdomen; cramps in abdomen;

cramping pain in pubic region; stiffness in joints; twinges in l. shoulder; backache [1-2]; drawing pain in l. hip-joint; twinges in l. hip; sticking pain in legs; twinges in l. knee; backache >; other symptoms >.

When sun goes down generally feels better.

6:30 p. m. Diarrheic stool followed by pain.

7 p. m. Sharp pain behind l. eyeball; thin, watery stool; all the faculties appear alert "as after drinking coffee," (second day after drug discontinued); pain in l. shoulder; sharp pain in l. shoulder-joint; sharp pain in r. knee; neuralgic pain encircling l. ankle.

7:15 p. m. Pain in eyes; sounds in r. ear like distant bells; pain in l. jaw.

7:30 p. m. Pain in abdomen; pain across shoulders; pain under l. scapula; cramp in l. hip; drawing pain in legs.

8 p. m. Sharp pain in l. temple; pain in l. crural nerve; sharp pain in l. eyeball; throat constricted from ear to ear as though choked by the hands; throat congested; oppressive pains in heart; vomiting and distress at stomach; cramps in abdomen; dull pain in lower abdomen, followed and relieved by diarrheic stool; aching in r. inguinal region; ankle cramp, r.

8:30 p. m. Sharp pain at apex of heart; cramping, colicky pain in abdomen; pain in hypochondria; profuse, watery stool; diarrheic stool; sore pain in l. hip.

8:45 p. m. Cramping pains in region of bladder.

9 p. m. Head feels too heavy for neck; eyes blurred; throat very sore < r.; throat very sore on swallowing; stomach feels distended and sore; colicky pain in epigastrium [1-2]; offensive, green stool; pain between neck and shoulder; aching in muscles back of scapula; prickly rash on body.

9:30 p. m. Eyes blurred.

Evening: symptoms < towards night; dryness; tried to study, but could not collect thoughts; headache < [2-2]; frontal headache [1-2]; frontal headache, delirium; boring pain in l. temporo-frontal region as if knocked; dull headache in temples; choreic jerkings <; eye symptoms <; cough; dull, steady pain in whole heart; heartburn; stiffness and aching in every joint; twinges in l. arm; backache, other symptoms >; backache in lumbar region [1-3]; twinges in l. hip; unrefreshing sleep with dreams of troubles and calamities; ankles swollen [1-3]; chilly sensation.

10 p. m. Frontal headache; sick feeling all over; vertigo and tendency to fall when closing the eyes; pharynx dry; throat painfully sore and feeling like "narrow, sore ring;" difficulty in breathing; pain about heart; much nausea; pain in stomach; pain in abdomen and lower bowels;

diarrheic stool; liquid stool; sudden, urgent, watery stool; loose, watery stool; burning in anus; burning in urethra; bright red eruption appeared, inclined to be pustular.

Two nights, lying down, pulsation through subclavian artery extending up and down toward arm.

11 p. m. Profuse, diarrheic stool; large, watery and very fetid stool; cramp-like pain in l. hip.

11:30 p. m. Diarrheic stool with flatus.

Early night: sleep restless.

Midnight: dizziness; sleeplessness; talking in sleep; contractions in all parts of the body.

After midnight awoke 3 times frightened by vivid dreams [2-2].

Middle of night: hysterical; sat up in bed and dug head fiercely; tearing her hair.

Night: aggravated, sharp pains shooting to ears; darting pains in wrists and shoulders; dryness of throat <; cough <; limbs restless; restlessness <; intense itching and burning all over body [1-2].

39. Temperature and Weather

Temperature and Weather. Cold air > headache

Cool air > photophobia.

Cold air causes tears to overflow cheeks.

Cold air causes watering of eyes [2-2].

Cold air greatly < pain in lower jaw.

Cold air aggravates cough [1-2].

Cold air causes cough.

Cold air < soreness in chest.

Cold air < wheezing in chest.

Cold air < stitching pain in abdomen.

Cold wind makes throat feel raw.

Cold wind < throat symptoms.

Cold water > intense itching of vulva.

Cold water < itching and burning all over body.

Cold bath < macular-papular eruption.

Cold drink < stitching pain in abdomen.

Heat < headache.

Heat < nausea.

Hot applications > pain in ears.

Heat > pain in abdomen.

Covering head > headache.

Getting warm < rash on chest.

In warm room dizziness <.

In warm room feels <.

Warm room makes auricles both warmer and redder than usual [1-4].

In well warmed room hoarseness <.
Warm room causes sneezing on returning from cold air.
In well warmed room speaking difficult.
Heated room makes speaking difficult.
Heat of room induces hoarseness.
On entering house < difficulty in breathing.
Indoors; especially hard to concentrate thoughts
Indoors: frontal headache <.
Indoors: aching sensation in eyes <.
Indoors: difficulty in breathing <.
Indoors: throat and nasal symptoms <.
Indoors: nausea <.
Out of doors: symptoms >.
Out of doors: thinks all symptoms >.
Out of doors: feels >.
Out of doors: easier to concentrate thoughts.
Out of doors: headache >.
Out of doors: sensation of soreness in l. temple >.
Out of doors: burning in eyeballs <.
Out of doors: aching and smarting in eyes >.
Out of doors: photophobia >.
Open air: feels >.
Open air: causes feeling of vertigo or light-headedness [1-2].
Open air: headache > [2-6].
Open air: frontal headache >.
Open air: causes burning in eyeballs.
Open air; throat and nasal symptoms >.
Open air: dryness of larynx >.
Outside air causes wheezing in upper part of chest.
Open air < pain in chest.
Outside air greatly < cough.
Outside air < soreness in chest and throat.
Open air > nausea [1-3].
Damp air < cough.

40. Chill. Fever. Sweat.

Sensitiveness. Abnormally sensitive to drafts [2-3] and cold air [2-4]; over-sensitive to cold and wind when out of doors.

Chilliness. Chilliness [3-4], becoming obstinate [1-2]; chilliness all day, off and on; chilly feeling all over body; chills in "little whirls" all over; constant feeling of chilliness [1-2]; air seems to chill her, although not very cold; chills towards bedtime; felt chilly in the evening [1-2]; chills up and down back, from 3 p. m. until night, followed by flushed feeling at bedtime; chills running up and down spine all day; chilliness extending from neck down back;

6:15 a. m. a chill ran up the spine; nervous chill running up spine [1-4] 3 days in succession; desire to lie down with plenty of covering [1-3], although night was warm; sensation of chilliness [1-4] much of the time; chilly sensation all over body beginning and < in upper part; likes to be warm all of the time (not subject to sensation of chilliness); on rising, chilly sensation all over body; chilliness and shivering sensation, with feverishness.

Feverishness. Felt heat over entire body [2-2]; burning heat all over body; violent heat over entire body, although it felt cool to touch (pulse 116); sense of heat all day, although weather was somewhat cool; feverishness, with chilliness, and shivering sensation; felt feverish, with tendency to perspire [1-2] with temp. in a. m. 97.6 and, at 5:30 p. m., 97.8; felt feverish all over; sensation of "inward fever"; temp. rose to 99.1; to 99.2; to 99.3: to 99.7; to 100.

Perspiration. Slight perspiration every night; profuse perspiration on waking, and seemed to feel better in consequence; least exercise causes profuse perspiration, which obliges him to desist; slight, warm perspiration on covered parts; profuse perspiration over entire body, with feeling of great internal heat (pulse 112).

41. Attacks. Periodicity.

Attacks. For nine days: headache all day.

For four days: pain in temporo-frontal region as if pressed in by knuckles.

For many days: slowness of mentality.

For three days: stupid feeling.

Attacks of headache coming and disappearing quickly [2-2].

Attacks of frontal headache coming on in waves.

Attacks of frontal headache appearing 45 min. after 30 d. ϕ and disappearing after about 3 hrs.

Attack of frontal headache ½ hr. after taking drug.

Attack of headache after straining at stool.

Attack of headache after doing some housework.

Attack of headache after breakfast.

Paroxysm of headache focussing in r. eye as if it were going to burst open with pain.

For three days: inclined to be discouraged.

For two days: difficulty in concentration.

On three days: superficial, stinging pains in various parts of body.

On six days: sharp pain from l. temple into and through l. eyeball.

On seven days: pain in r. ear.

On three days: sharp, stitching pains in r. face.
On eight days: sharp, momentary, stitching pains in back of head.
On four days: pain across neck and shoulders.
On three days: fugitive pains in shoulder muscles on r. side.
On four days: sharp, stitching pains in stomach.
On three days: sharp, stitching pains in r. side of abdomen.
On three days: sharp, neuralgic pains down l. arm to hand.
On ten days: sharp, momentary pains in r. wrist.
On three days: sharp, momentary pains in r. leg.
On eight days: pain in l. hip.
On six days: pain in l. thigh.
On four days: sharp, shooting pain over r. knee.
On four days: pain in l. knee.
On three days: pain in r. foot.
On six days: felt nervous.
On three days: disposition irritable.
For five nights: restless all night.
For three nights: nervous and restless.
All day for two days: muscles of l. arm twitching.
For twelve days: twitching and jerking of individual muscles, especially in legs, continued in various forms.
For four days: felt very dull.
For four days: heavy feeling all over body.
For nine days: l. leg heavy.
For three days: clumsiness, hands feel stiff and full.
For three days: very weak.
For three days: weak all over.
For three days: very weak feeling all over.
On three days: sensation of faintness as from hunger.
For seven days: felt tired and worn out.
On three days: feeling of light-headedness.
On three days: sense of light-headedness as from deep and hard breathing.
On three days: vertigo, with sensation of faintness as from hunger.
On three days: steps unsteady.
On six days; slight tingling in spine.
On three days: numbness in r. shoulder and hand.
For three days: sensitive to cold air.
On three days: legs felt as if cold water were running down in them.
On six days: feeling as though "curtain" were in front of eyes.
For seven days: print looked blurred.
For three days: eyes blurred.
For three days: vision blurred.

For three days: blurring of vision.
For three days: blurring of eyes on reading.
For three days: in order to read page must be held at distance of 1½ to 2 ft.
For four days: must hold print at arm's length in order to read at all.
For five days: inability to read.
For three days: she saw double in reading.
For four days: pain in eyeballs.
On three days: pain over r. eye extending over whole forehead.
For three days: much steady pain in eyes.
On six days: sharp pain in l. temple extending into and through l. eyeball.
For four days: aching of middle third of face, including eyeballs.
For four days: aching in eyeball < motion.
For seven days: dull, frontal headache, with aching in eyes and in eyeballs.
For three days: strained sensation in head and eyeballs.
For four days: strained feeling in eyes.
On seven days: twitching of r. eyelid.
On three days: sensation as though l. eye were smaller than r.
On three days: sensation of burning in r. eyeball.
For nine days: veins of fundus slightly full.
For four days: vessels of fundus hazy and full.
For eleven days: veins of fundus tortuous on both sides.
For thirty-three days: discs slightly hazy in outline on both sides.
On six days: momentary, sharp, stitching pains in r. ear.
On three days: pain in upper teeth darting to ears.
On three days: little, shooting pains in ears, < l.
For eight days: sore throat with sensation of fulness alternately in l. and r. ears.
On three days: sharp, shooting pains extended toward r. ear upon swallowing, < nights.
For four days: sense of fulness or internal pressure in l. ear.
On four days: both ears ache a little.
For nine days: ears ache deep in head, < l.
On three days: ringing in ears, < r.
On five days: buzzing in r. ear.
On three days: buzzing in both ears, < r.
For five days: all day and < evening, buzzing in both ears.
For three days: noise and confusion in ears.
During four days: snapping in both ears every time she swallowed.

For twelve days: ears hyper-sensitive to noises.
For four days: when in warm room auricles both redder and warmer than usual.
For five days: l. ear sensitive to touch. [Slightly congested. — Ex.]
For five days: felt as if people did not enunciate clearly in speaking when they were near — voices seemed clearer when heard at some distance.
For five days: her own voice resounds.
For three days: sensation of fulness from ear to ear.
For three days: all mucous membranes of upper air passages dry.
For five days: dryness of mucous lining of mouth without marked decrease of secretion.
For three days: mouth dry, has to drink water to moisten.
For three days: mouth and lips parched.
For six days: painful dryness of mouth.
For five days: painful dryness of throat.
For three days: lower part of throat especially dry, with difficulty in swallowing.
For four days: throat parched.
For four days: marked dryness of throat.
For five days: sensation of heat in mucous lining of mouth and throat.
For six days: scraping in back of pharynx.
For three days: base of tongue sore.
For three days: tonsils sore.
For three days: nose dry and feels stopped up.
Had four attacks of profuse nosebleed after discontinuing drug.
For three days: soreness of throat, with sharp pain shooting toward r. ear upon swallowing, < nights.
On three days: pain in throat caused by drinking.
For ten days: redness of throat.
For four days: much dryness of throat in warm room.
On three days: tickling in upper trachea, just above sternum, causing cough.
For three days: pains in l. side of chest (all day).
For eight days: upper part of chest very sore inside, for three days < inhaling cool air.
For four days: oppressive soreness in r. upper chest, not to touch, not < deep breathing.
On three days: oppressed, tight feeling in chest, continuing through day as if a cold were coming on.
For fifteen days: heaviness about chest.
For three days: feeling of heaviness in r. side of chest.
For seven days: pressure on chest.
For three days: shortness of breath.

For nine days: heavy feeling in chest at times < in upper anterior portion.
For four days: breathing felt oppressed as from asthma.
For three days: chest wheezy, with very little mucus dislodged.
For three days: coughing, which became painful, both indoors and in outer air.
For three days: cough worse nights.
For four days: oppressed feeling in upper part of chest, with impulse to cough with almost every other breath, the cough relieving for a few seconds only.
On four days: slight pain in region of heart.
On three days: a great deal of sharp pain in region of heart, on two days < motion and entirely > keeping quiet.
On four days: when in warm room auricles both warmer and redder than usual.
For nine days, at various times during day: sensation as if heart were enlarging, seemed as it were actually undergoing dilation.
For three days: dryness of mucous membrane and mouth.
For five days: sensation of dryness and heat in mouth and throat, with marked decrease of secretion.
For three days: very dry feeling in throat, > a few seconds only by sips of water.
For four days: pharyngeal mucous membrane intensely dry, causing great thirst.
For six days: dryness with scraped feeling in back part of pharynx, impossible to swallow anything dry without partaking of fluid at same time.
For three days: saliva very sticky.
For five days: roughness of throat on swallowing.
For seven days: swelling and hardness of submaxillary glands.
For three days: putrid taste in mouth, with slimy mucus, < mornings.
For three days: back part of tongue slightly coated.
For three days: heavy, dirty-white coating on back part of tongue, and slightly in front.
On two successive weeks: papillæ of tongue prominent, with clear triangle at tip.
Every time he took food: had to take a drink of milk or water to wash it down.
For four days: sweets (food) thickened saliva so that swallowing was difficult or impossible without water.
For three days: increased thirst.
For three days: very thirsty.
For three days: belching of wind for several minutes at irregular intervals during the day.

For three days: nausea < indoors, not present when riding in the open.
For twelve days: extreme nausea.
For three days: sick feeling at stomach when empty.
For three days: nausea > motion.
For three days: nausea all day.
For three days: colicky, cramping, sore, aching pains at umbilicus and across abdomen below umbilicus.
For five days: roughness in throat on swallowing.
For four days: pain in throat on swallowing.
For three days: drinking caused pain in throat.
For six days: appetite poor (usually excellent).
On four days: sharp, migratory, stitching, momentary pains in stomach.
On four days: pain in stomach, followed by gagging.
On three days: sharp, migratory pains in r. side of abdomen, also in lower part of abdomen.
On four days: sharp, migratory pains all over abdomen.
On three days: increased peristaltic action of the bowels.
On three days: small, soft papule on frenum of tongue, with slight feeling of soreness like canker.
For three days: weak and gone feeling in abdomen.
For ten days: had to strain and force urine from bladder.
For five days: difficulty in starting urine.
For six days: urine passed slowly (two provers).
For three days: urine passed in small stream.
For six days: urine passed in small stream.
For six days: burning in urethra.
For four days: burning in urethra while urinating.
For five days: feeling of inflammation about uterus.
For three days: feeling of inflammation about bladder.
For three days: penis small and relaxed (a pretty constant symptom during proving).
For four days, throughout menstrual period: a fluttering of l. ovary (normal) was very pronounced.
For six days: leucorrhea like partially boiled white of egg, for four days stiffening linen.
For five days: slight tenderness of both ovaries.
For three days: uterus very sore to touch.
For seven days: vagina very tender.
Occurred several times: an odor like onions or garlic, which was never noticed before by prover.
For eight days during proving: trace of albumen.
In last three analyses: trace of albumen appeared.
Towards last of proving: faint traces of albumen appeared.
Alternating: strong pains flying from l. knee to foot and back again.
On four days: cramp-like pain, coming and going suddenly, in l. hip.

On four days: shooting or darting pains, quick, sharp, and momentary in r. foot, also for three days in l. foot.
For three days: tired backache.
For five days: aching over entire back.
For fourteen days: felt restless, heavy, and tired.
For five days: felt tired all day, worn out and good for nothing.
For three days: general tired feeling.
For eight days: l. leg heavy.
For three days: very weak feeling all day, could scarcely walk.
For ten days: skin very dry, with heat and redness.
For three days: itching as if something were biting on back, for nine days on abdomen, for seven days on legs, and for six days over whole body; but no eruption apparent (never subject to itching of skin, but the foregoing symptoms extended over a period of 14 days).
For three days: a petechial rash on chest, with slight itching.
For three days: an eruption under r. lower jaw.
Continuing three days: a petechial rash, becoming fine pustules on chest.
For ten days: pimples on forehead, face, and scalp, which felt sore without itching.
For four days: papular eruption over upper part of sternum.
For ten days: dryness of skin over entire body.
For four days: heavy feeling all over body.
For four days: abnormally sleepy all day.
For six nights: slept badly.
For three nights: nervous and restless in night, waking several times (uncommon).
For three days: general tired feeling.
For five days: felt tired all day.
For three days: very weak feeling all day.
For three days: prostration.
For three days: general irritability.
On four days: nervous chills running up spine.
For three nights: desire to lie with plenty of covering although nights were warm.
For four days: sensation of chilliness much of the time.
On four days: frontal headache at 2 p. m.
On two days: frontal headache at 11 a. m.
On two days: occipital headache at 6:30 p. m.
On two days: temporal headache at 6:30 p. m.
On two days: frontal headache in evening.
On three days: depressed in evening.
On eight days: blue in evening.
On eight days: awoke very tired.

On two days: awoke at 4 a. m.
On two days: slept in p. m.
On nine nights: troubled dreams all night.
On three nights: dreams of trouble.
On two nights: dreams of quarrelling.
On two nights: distressing dreams.
Every ten minutes for an hour after evening dose: sharp pains back of arm from shoulder to elbow, coming and going suddenly.
For four days: awoke tired with backache.
Several times, especially 3 and 5 a. m.; awoke with a jump, and jaws set so tightly that they ached.
As frequently as 6 per min., and again only once in 10 min.: jerking in r. shoulder, then passing down spine into legs, felt especially when sitting and > when walking about, and continuing during sleep.
Every day, < 11 to 2 o'clock: dull and heavy.
For three days: smarting in both eyes from 3 p. m. till night.
During two days: a very distinct feeling of fulness, "extending from ear to ear," alike on both sides, lasting about 30 min. after each dose, without other associated symptoms.
On two consecutive days at 3 p. m.: ears felt as if they would burst from sudden rush of blood to head, lasting about 2 hrs. and lessening gradually.
On five days during p. m.: dryness, roughness, and sensation of heat in mucous lining of mouth and throat, without marked decrease of secretion.
Twenty min. after taking drug: throat feels dry.
On three days, 20 min. after each dose: mouth, throat and nose became dry and so continued for about 4 hrs.
For three days on rising: throat dry and sore.
Mornings before eating: sore throat always <.
On two days at 9 p. m.: epistaxis of bright red blood.
For three days on waking: hoarseness.
On three nights after lying down: pulsation through subclavian artery, r., extending upward and outward toward arm.
For nine days: "says her heart has beaten irregularly, first strong then weak, especially between 11 a. m. and 2 p. m., though not every day, and at these times has felt dull and as if she would like to close her eyes and 'drop off'."
For five days after eating: sour taste in mouth lasting 2 to 3 hrs.
For five days after every dose: nausea.

For five days after rising and for a few hours following: heavy pain in abdomen.
For three days during forenoon: pain in abdomen.
For six days: burning in rectum during and several minutes after stool.
For three days, about 1 hr. after eating each meal: peculiar sensation of emptiness in stomach as though it were filled with air.
For three days: desire to urinate a few moments after taking drug.
Lasting four days: sensation as if bladder were inflamed and too full, > in a. m., < noon till retiring (ceasing upon stopping drug).
Each p. m. about five o'clock: backache in lumbar region, lasting until bedtime, seeming like the backache frequently felt before the monthly flow.
On four nights: sleep disturbed by amorous dreams with seminal emissions.
For four days on rising: slight pain in back of legs, which disappeared about 10 a. m., < on moving.
On five days in afternoon: dull pains of brief duration coming in slow waves, near lower end of thigh to knee.
Three different times during day: dull pain in r. ankle and foot of such severity that it was necessary to limp for 3 or 4 steps, the pain coming on while walking and located in outside of foot and ankle.
On eight days: backache in lumbar region came on in evening.
On twelve days: twitching and jerking of individual muscles, especially in legs, < when mind was occupied, beginning in a. m. and continuing all day.
For three nights: 5 hrs. restless, instead of 8 hrs. sound sleep, as customary.
Every night: slight perspiration.

42. Locality and Direction

Right to Left. Tendency to walk toward the left.
Falling to the l.
Griping pain in abdomen, below and to r. of navel, spreading from r. to l.
Sore throat changing from r. to l.
Left to Right. Headache extending through from l. to r. temple [1-2].
Head felt full from l. to r. temple.
Gusts of aching pain from l. to r. temple, behind and touching the eyeballs.

SYMPTOMS ACCORDING TO SIDES OF BODY

(Numbers refer to days on which recorded)

	Right	Left	< Right	< Left
Mind and Nervous System	395	381	39	55
Eyes	40	37	66	29
Ears	34	45	12	18
Nose and Throat	25	16	16	13
Respiratory System	19	24	2	1
Circulatory System	2	3	—	—
Alimentary System	13	13	—	4
Genito-Urinary System	16	7	1	—
Bones and Muscular System	66	93	6	6
Skin	11	13	—	1
Total	621	630	142	127
Regional Parts (included in above)				
Inner Head (Mind and Nervous System)	72	13	15	1
Outer Head	19	4	2	1
Face	24	24	—	2
Neck and Back	10	9	—	—
Outer Chest	27	23	—	—
Epigastrium and Stomach	—	1	—	—
Hypochondria	2	2	—	1
Abdomen	23	21	1	—
Upper Limbs	70	65	—	1
Lower Limbs	76	105	4	5
Limbs in General	—	—	—	—

Side to Side. Dull pains in upper part of forehead, going from r. to l. and vice versa.

Slight pain in both ears, extending across top of head from ear to ear.

During two days, a very distinct feeling of fulness, extending from ear to ear.

Thick feeling in head, which seemed to extend from ear to ear.

Sensation of fulness from ear to ear.

Throat feels dry and congested, from ear to ear, as though choked by the hand.

Pain across neck between shoulders.

Aching in middle of back, from side to side, < standing or walking, > when still.

Around. Sensation of band around head [2-2].

Headache extending from forehead around head.

Sharp, darting, neuralgic pain in sixth and seventh dorsal nerves, extending around r. side.

Sharp pain encircling ankle like cramp.

Sensation as of a band around upper part of chest.

Dull pains in small of back extending around l. side of waist.

Front to Back. Frontal headache extending back to occiput.

Headache extending from forehead to occiput [3-8].
Headache extending from forehead to back of ears [1-2].
Headache extending farther back than before.
Pain in r. temple extending to back of head.
Sharp pain under l. eyebrow, shooting backward.
Pain in eyeballs shooting back into cranium.
Aching pain from l. eye over vertex to l. occipital region and down the neck.
Sharp pain in r. temple going to back of head.
Pain in eyeballs running back to head.
Shooting pain from eyeballs backward into cranium.
Frontal headache extending to back of eyes [1-2].
Sharp pain under l. eyebrow, shooting backward.
Pain through chest at l. nipple.
Stiff pain through l. chest from axilla backward to inferior angle of l. scapula upon turning head.
Strong pain in l. side of chest, back of nipple, extending to back on same and then on opposite side, lasting about 3 min.
Aching pains from chest to back on breathing or coughing.
Sharp pain in region of scrotum proceeding to anus.
Back to Front. Headache extending from occiput over vertex to frontal region [1-4].
Headache extending from occiput through to root of nose, between eyes [1-2].
Headache extending from occiput to temple.
Headache extending through temples to forehead.
Momentary, sharp pain in l. occiput, coming over to l. eye.
Neuralgic pain from back of neck to mastoid process and through r. face to temple and above r. eye.
Neuralgic pain from back of neck to r. eye.
Sharp pain in l. temple extending into and through l. eyeball [1-6].
Shooting pain from ear to head and forward into nose.
Sharp, sudden pain shot forward directly over l. ear to temple.
Slow, steady pain in l. side of face, beginning just below ear, back of jaw, involving lower jaw only, extending through jaw to front molar tooth.
Backache comes through to r. and l. iliac region.
Forward and Backward. Stitching pains through eyeballs backwards and forwards.
Sharp pains back and front through l. chest.
Above Downwards. Headache extending from r. supra-orbital region to eyes.
Frontal headache extending to back of eyes [1-2].
Frontal headache extending to eyes < r.

Sharp pain in r. ear going to shoulder.
Momentary, sharp, cramping pains from r. tonsil to larynx, leaving a little stiffness.
Soreness of throat extends to trachea.
Chilliness extending from neck down back.
Dull pain between neck and l. shoulder extending down arm to hand.
Numb pain in l. pectoral muscle extending down arm.
Sensation of contraction beginning in l. pectoral muscle, extending to mastoid, and then down l. arm, continuing through day.
Aching pain from r. shoulder down to hand.
Pain in r. arm running from shoulder to tips of fingers.
Pain in r. arm extending to ends of fingers in pulsating waves.
Pain in r. arm extending from biceps muscle to ends of fingers.
Sharp, neuralgic pains down l. arm to hand [1-3].
Sharp pains back of arm from shoulder to elbow.
Jerking in r. shoulder, then passing down spine into legs.
Wandering pains in l. arm, and down the back.
Shooting or darting pains in r. arm extending from biceps to ends of fingers.
Wandering pains down back.
Aching in lumbar region and down legs, > by motion.
Terrible backache from lower dorsal region downwards [1-2].
In abdomen pain from navel to r. groin.
Sharp, darting pains in abdomen, especially from navel to r. groin.
Sharp, stitching pain in liver shooting to lower part of abdomen.
Severe pain running from spine of r. ilium downwards and forwards.
Severe, sharp, darting pain in lower part of abdomen proceeding to anus.
Cramping pains which went down spermatic cord into testicle.
Steady, dull ache through pelvis and down thighs.
Pain down back of thighs.
Sharp, momentary pains in r. leg extending from hip to ankle.
Sudden, sharp, rhythmical pain from l. hip to ankle, recurring for 5 min.
Shooting or darting pains in r. leg [2-2], extending from hip to ankle.
Feeling as if cold water were running down l. leg from hip to toes.
Legs felt as if cold water were running down in them.

Sharp, darting, neuralgic pain in l. sciatic nerve extending down leg and ending in l. external saphenous nerve.
Sudden pain shooting down l. anterior crural nerve to knee.
Pain in l. thigh to knee.
Drawing pain, posteriorly, extending from above to below l. knee [1-2].
Pain in both legs from knees to ankles.
Below Upwards. Headache extending from forehead to margin of hair.
Headache extending from both ears to vertex.
Headache extending from occiput over vertex to frontal region [1-4].
Pain in r. side of head, above temple, spreading like network over top of head.
Sensation of tension in eyeballs, which extends to forehead.
Pain in r. side of face going toward top of head.
Shooting pain from back of neck to mastoid process.
Pain starting under angle of l. jaw, extending to l. ear.
Pain in upper teeth darting to ears [1-3], on both sides.
Soreness of throat seems to extend upwards.
Pain across neck and shoulders [1-4] and up behind l. ear [1-2].
Pain extending from top of l. shoulder up to behind ear.
Strong pains in r. side of chest, extending into armpits.
Sharp, stitching pain in r. ovary shooting to region of liver.
Pain extending up r. groin from urethra.
Chills ran up the spine [1-4].
Shooting or darting pains in l. great toe, streaking up to instep.
Up and Down. Stiff neck on rising [1-2], pains ran up and down, soon disappearing.
Chills up and down back, from 3 p. m. until night.
Chills running up and down spine all day.
Strong pains flying from l. knee to foot and back again.
Without Inwards. Headache extending from forehead to back of eyes.
Sharp pain in l. temple extending into and through l. eyeball [1-6].
Pain in r. side of abdomen going through uterus.
Within Outwards. Sensation of pressure in head from within outwards.
Pain shooting from throat to r. ear.
Shooting pain extending from pharynx toward l. ear [1-2].
Tight, swollen feeling in pharyngeal muscles extending to ears.
Sensation of fulness in throat extending to both ears alike [1-2].

Pain on swallowing extending to both ears [1-2].
Soreness of throat extends to ears [1-2].
Soreness of throat, with sharp pain shooting towards r. ear upon swallowing, < nights [1-3].
Soreness of throat with pain shooting to l. ear upon swallowing [1-2].
A persistent tickling, confined to l. side, extending from throat into Eustachian tube, almost to ear.
Pulsation through subclavian artery, r., extending upward and outward towards arm, appearing at night after lying down [1-3].

43. Sensations

Sensations. S. of fright; of depression and discouragement; of dulness as if she would like to close her eyes and "drop off" (with irregular heart's action); as though stupid; as though dazed.

S. as though she should easily lose consciousness; as though the mental and other faculties were alert, "as after drinking coffee"; of lassitude and weakness; of heaviness all over body [1-5]; of heaviness all over body "as though drunk" and unable to hold herself up [1-2]; as if he had been on a "big spree"; as though "tough"; as if he had had a night's dissipation.

S. of light-headedness as from deep and hard breathing; of light-headedness when walking; of lightness in head [2-3], < by motion [1-2]; as though the pillows were sinking down; as though about to fall; as of swimming of head on closing the eyes; of tottering, as though she should stagger if eyes were closed; of falling when eyes were closed; of unsteadiness, as though about to stagger; of unsteadiness, < upon rising from sitting posture [1-2]; when walking, of feet slipping from under him; when walking on street as though the ground were giving way under foot [1-2] < l.; of fulness in head [1-2]; as though head were too heavy for neck [1-2]; of constriction around throat as though collar were too tight, with dulness and heaviness in head; of heaviness in forehead and eyeballs; in head, as though strained [1-2]; of tension in frontal [2-2] and temporal region; as of band around head [2-2]; as though head would split; of pressure in head from within outward; as though head was "spreading apart"; in head as of something pushing from within outward, with severe, frontal headache; as if top of head were lifting up (with intense headache), < motion, > outside air; of boring in l. temple as if pressed in with knuckles, or something hard [1-3] (same sensation r. one day); as though

something opened and shut under both eyebrows between temples, during momentary, dull, heavy pain.

S. as though upper eyelids were heavy and paralyzed; of heaviness in eyelids [2-3] can hardly keep them open; of heat in eyelids; as though eyes did not wink at the same time; as though eyes were half closed; as if eyelids were exposed to cold air; as if eyeballs were exposed to cold air [1-2]; of tension in eyeballs, which extends to forehead; of heaviness in forehead and eyeballs; of heaviness in eyeballs [2-2]; on waking as though both eyes were heavy and small; as though eyeballs were too small, loose in sockets, and pushed forward <; as though r. eye were smaller than l. and as though it were loose in its socket and rolling around, whether open or closed; this sensation > by pressure; as though eyeballs were small and loose in their sockets, < l. eye; as though l. eye were smaller than r.[1-3]; on waking, as though l. eye were small; as though l. eye were small [2-4]; as though eyes were too large; as though r. eye expanded and protruded, with feeling of nausea and light-headedness while the ground seemed about to come up and she about to fall backwards; as though eyes were too large for their orbits and difficult to open wide; as though eyes were too large for their orbits and were being crushed out; as though eyes pushed out from their sockets; as though eyes were uneven, one feels higher than the other; as though cross-eyed, < looking down; as though cross-eyed when focussing eyes for any near object; as though eyes were crossed; as though something were sticking in l. eye, with lachrymation; in eyes as if she had been crying; as though dust or dirt were in the eyes; as though eyes had sand in them; as though eyes were filled with sand [3-3], < on use; of dryness in eyes; of burning in eyes; of burning in eyeballs, < in open air, > indoors; of burning in r. eyeball [1-3]; of burning in l. eye when closed; of burning and smarting in face, on eyelids and in eyeballs, as if riding in wind; as though there were a film over eyes; as of something opening and shutting within the eyes with alternate clearing and obscuring of vision; in eyeballs as though strained; as of drawing back of eyes; of dizziness, < looking down.

S. of fulness in throat extending to both ears [1-2]; of fulness in ears [4-10]; of fulness from ear to ear [1-3]; of fulness in r. ear [1-2]; of fulness in r. and l. ear alternately (with sore throat); of stuffiness in r. ear [1-2]; of stuffiness in l. ear [1-2]; of ringing in ears [1-2]; of fluttering in ears; of soreness within ears [1-2]; of tickling extending from throat into Eustachian tube almost to ear [1-2]; of itching

in r. ear; of itching back of ears [1-2]; of itching between ear and throat on both sides > snorting; of itching in external meatus [2-2]; of stinging in l. mastoid.

S. of fulness in frontal sinus; as though nose were thick, though no change in appearance; as if nose were occluded when open as freely as usual; as if a cold were coming on; as of cold in head; of mucus in naso-pharynx but nothing comes away; of itching between ear and throat on both sides > snorting; of scratching in mouth and back of nose.

S. as though teeth were too long.

S. as though tongue were thick [1-2] with difficult articulation [1-2]; as though tongue were thick and cottony; as though tongue were too wide for mouth; as though tip of tongue were blistered; in tip of tongue as if it had been bitten; as though tongue were glazed.

S. of dryness in mouth; of moist, sticky coat over surface in mouth and throat, which is dry; of relaxation of palate; of dryness in mouth and throat, without decrease in secretions [1-5]; of dryness in mouth, without objective dryness; as though mouth were filled with cotton; as though the mucous membrane of cheeks and fauces, if touched, would stick to finger and peel off.

S. of roughness and dryness in throat as if he had eaten green persimmons [1-2]; as if pharynx were drawn up by an astringent; of constriction in throat from drinking cold water, but not from warm tea; of dryness and constriction in throat from ear to ear, as though choked by the hands; as though throat were constricted; as though throat were all shrivelled up; as though mucous membrane or post-pharynx were drawn up by astringent; as though the throat were "a narrow, sore ring"; of choking from dryness of throat; of dryness and constriction in larynx; of dryness of nose, mouth, and throat, without corresponding objective changes; of dryness in mouth, nose, and throat, marked with less objective dryness of membranes than before; of dryness in throat without objective dryness; as though throat were dry and dusty, but looks moist; of great dryness in throat, yet with thick, ropy mucus; of dryness of throat, which was covered with a sticky, tenacious mucus; of heat and burning in pharynx without objective symptoms; of soreness of l. faucial pillar without visible congestion; of ball, or hard substance, in back of throat, not > swallowing; of fulness in throat extending to both ears; as of lump in throat; as of lump on r. side of throat; of large, hard lump in region of larynx; as of something in pharynx; as of splinter in pharynx; in pharynx, on either side, as though

being gagged; of pressure in pharynx extending to temples, from nausea; of knife-blade in throat at breakfast, < r. side; of hardness and stiffness in throat when swallowing; of scraping in throat; of scraping in throat below palate to suprasternal fossa; of rawness in throat; of constriction of esophagus upon swallowing, < with soft foods and liquids; of foreign body on swallowing; of rawness in throat when swallowing water; of raw surface in throat on empty swallowing; as of lump in throat [1-2] as before vomiting.

S. of emptiness in stomach [2-2]; of goneness in stomach [2-2]; of peculiar goneness after eating; of peculiar emptiness in stomach, as though it were filled with air, 1 hr. after eating (noticed after 6 meals); of gnawing in stomach [2-2]; of hungry, gnawing feeling in stomach, disturbing sleep; of weight in stomach; of heat in stomach, with great nausea; of nervous, hurried feeling in region of stomach.

S. of heaviness and burning in hypochondria, < l.

S. of pressure in abdomen [1-5]; of weakness and goneness in abdomen [1-3]; as though skin on abdomen would burst from distension; as though the intestines were twisted and knotted like a bunch of angle-worms.

S. of heaviness in pelvis; of enlargement and fulness in hypogastric region [1-2]; as though she could not walk from soreness in pelvic region; of inflammation and burning about pelvis.

S. as of burning about bladder; of heaviness in bladder; of inability to urinate; as if bladder were full, but must strain to void it [1-2]; of pressure over region of bladder, relieved by frequent urination; of constriction in urethra, which necessitates straining in urinating (no objective constriction).

S. as of burning about uterus; as of dryness in vagina, as if it stood open, the walls were dry and rubbed upon each other in walking; of heaviness in uterus; of bearing down in pelvis "as if whole uterus would come out"; of bearing down in abdomen and uterus [1-3] as if menses were coming on (unusual); of bearing down in ovaries; of "bearing down" about uterus and bladder (unusual); of fluttering for 4 days in l. ovary during menstruation (symptom unusual, ovary normal).

Sensation of dyspnea on entering house; as of smothering or sudden constriction of chest, with pressure, > by quick motion; of "smothering" with difficult breathing; of suffocation [1-2].

S. of being unable to breathe when she awoke; as if not air enough in room to breathe [1-4]; of oppressed breathing

"as from asthma"; in chest as though breathing through a sponge [1-4]; as if upper chest were a sponge, through which he breathed with great difficulty; as though upper chest were filling up, difficult to breathe; as though a band were around upper part of chest; as though there were a heavy weight on upper anterior chest, < on inspiration; as of pressure in chest; as of pressure on chest [1-9]; of pressure under sternum; as if chest were too tight; of tight feeling in chest [1-2]; of heaviness in chest; of heaviness in r. side of chest; of fulness in chest; of fulness in thorax above line of nipples extending to throat; as of lump under middle of sternum; of constriction of chest with oppression; of oppression of chest [3-3]; of oppression in upper part of chest [1-4]; of burning in r. side of chest in inspiration; of "rattling" in l. side of chest below nipple [râles not heard below line of nipples. — Ex.]; of rawness behind sternum and as if something rattled against the front of chest, caused by sneezing; in chest as though coming down with hard cold; as if it would be easy to stop breathing; as though lungs would cease acting and he would have "to start them up"; as if could not stand straight because of tired feeling in chest; of pressure on chest behind sternum, with tendency to sigh that he might get more air.

S. as though heart were too large; as though heart were enlarging; for 9 days as though heart were dilating; as if heart were actually undergoing dilation; in region of heart as though something would break if she walked fast; in heart as though startled; as though heart seemed to "flop"; as though heart would stop beating.

S. as though hands could hold nothing; as though hands were stiff and clumsy; as if hands were swollen; in closing hands as if they were drawn; of burning following dull pain in r. hand; of awkwardness in legs and arms.

S. as though l. side and l. leg were powerless; as though legs would not hold up the body when rising from a sitting or lying position; of clumsiness and uncertainty in walking and sitting down; of great heaviness in legs, back, and thighs, as if she had walked a great distance; as though she could hardly walk on account of fatigue in lower half of body; of weakness in l. leg [1-4]; of heaviness in legs; as though l. leg were heavy and swollen; of heaviness in feet and legs while sitting; as though ankles were bruised when walking; as though sharp needles were thrust in flesh about small joints of lower extremities.

S. as though legs and arms were not entirely under control of the will.

S. of drawing when standing, extending from nape of neck to feet, as if he were going to fall backwards, relieved by taking step backward; as though legs would not hold up the body when rising from a sitting or lying posture; as though legs and arms were not entirely under control of the will; of clumsiness and uncertainty in walking and sitting down; of trembling in muscles [2-2]; of fine tremor all over, < inside the body; of awkwardness in legs and arms as though r. arm and fingers were asleep; as though hands were stiff and clumsy; as if hands were swollen; of stiffness in hands and fingers; in closing hands as if they were drawn; as if hands could hold nothing; as though l. side and l. leg were powerless; as though she could hardly walk on account of fatigue in lower half of body; of great heaviness in legs, back, and thighs, as if he had walked a great distance; of heaviness in legs; of heaviness in l. leg [1-13]; as though l. leg were heavy and swollen; of heaviness in feet and legs while sitting; of lightness in feet; as though cold water were running down in legs [1-3]; as though cold water were running down in legs from hip to toes; as though cold water were running down l. leg from hip to toes; of intense prickling confined to lower extremities; of prickling causing legs to jump and jerk; of sharp needles being thrust in flesh of legs; of jerking in small joints; as though sharp needles were thrust in flesh about small joints of lower extremities.

S. of heat over entire body yet feels cool to touch; of burning on ulnar surface of forearms and on back of hands; of burning in skin after rubbing hands; as though a fly were crawling upon arms, especially in bend of elbows; as though insects [1-2] were crawling over back and in hair; as if fingers were covered with dry, egg albumen and were as smooth as ivory; as if finger tips were about to crack.

S. of general sickness and misery; of general feeling of lassitude; of general sickness over entire body [1-2]; of general weakness similar to that once felt when tonsilitis was developing; of burning heat all over the body; of heat over entire body, yet felt cool to touch; of heat all day although weather was somewhat cool; of "inward fever"; of great internal heat, with profuse perspiration over entire body (pulse 112); of feverishness with tendency to perspire, with subnormal temperture (9 to 8) [1-2]; of shivering with feverishness; as if he would like to lie well covered [1-2]; of chills running up and down spine all day [1-2]; as of chills in "little whirls"

all over; of chilliness, mostly general (unusual) [1-16]; of chilliness in evening [1-2].

Sensations, as to regions of body.

(Numbers in paragraphs which follow refer to different days on which symptoms were recorded.)

Pain. Inner head (see aching); outer head [17]; eyes [21]; ears [5]; nose [1]; upper face [4]; lower face [2]; teeth and gums [2]; throat [4]; scrobiculum and stomach [2]; hypochondria [3]; abdomen [38]; female sexual organs [4]; inner chest and lungs [8]; heart [5]; outer chest [7]; neck and back [24]; upper limbs [18]; lower limbs [33].

Slight Pain. Outer head [1]; ears [6]; teeth and gums [2]; abdomen [2]; inner chest and lungs [2]; heart [4]; outer chest [4]; neck and back [3]; upper limbs [1]; lower limbs [24].

Much Pain. Abdomen [1]; lower limbs [1].

Strong Pain. Inner chest and lungs [2]; outer chest [1]; upper limbs [1]; lower limbs [7].

Severe Pain. Outer head [1]; upper face [1]; lower face [2]; abdomen [5]; male sexual organs [1]; heart [12]; upper limbs [1]; lower limbs [4].

Violent Pain. Abdomen [1]; heart [1].

Intense Pain. Eyes [1].

Terrible Pain. Eyes [2].

Extreme Pain. Eyes [1]; upper face [1].

Dull Pain. Outer head [3]; eyes [10]; ears [5]; upper face [10]; lower face [5]; inner mouth [2]; scrobiculum and stomach [5]; abdomen [7]; inner chest and lungs [2]; heart [1]; outer chest [3]; neck and back [16]; upper limbs [21]; lower limbs [38]; limbs in general [1].

Heavy Pain. Outer head [1]; upper face [1]; abdomen [3]; female sexual organs [1]; outer chest [2].

Pressing Pain. Scrobiculum and stomach [1]; outer chest [1].

Oppressive Pain. Neck and back [1].

Dragging Pain. Female sexual organs [1].

Drawing Pain. Upper face [1]; eyes [1]; abdomen [1]; neck and back [1]; lower limbs [15].

Bearing-down Pain. Abdomen [2].

Constant Pain. Outer chest [1].

Slow Pain. Lower face [1].

Steady Pain. Eyes [3]; upper face [1]; neck and back [1].

Tired Pain. Upper limbs [1].

Bruised Pain. Lower limbs [1].

Sore Pain. Abdomen [8]; upper limbs [3]; lower limbs [2].

Burning Pain. Hypochondria [2]; outer chest [1].

Aching Pain. Outer head [2]; upper face [1]; abdomen [10]; inner chest and lungs [1]; neck and back [8]; upper limbs [1]; lower limbs [5].

Numb Pain. Neck and back [1]; upper limbs [1]; lower limbs [1].
Stiff Pain. Outer chest [1]; neck and back [1].
Rheumatic Pain. Upper limbs [2]; lower limbs [1].
Sharp Pain. Outer head [23]; eyes [16]; ears [28] nose [1]; upper face [18]; lower face [7]; throat [3]; scrobiculum and stomach [12]; hypochondria [7]; abdomen [71]; rectum [1]; male sexual organs [2]; female sexual organs [14]; larynx, trachea and bronchia [1]; inner chest and lungs [6]; outer chest [29]; neck and back [7]; upper limbs [83]; lower limbs [111]; limbs in general [4].
Sticking Pain. Eyes [1]; throat [3]; hypochondria [1]; outer chest [3]; lower limbs [1].
Stitching Pain. Outer head [8]; eyes [1]; ears [6]; upper face [4]; scrobiculum and stomach [5]; hypochondria [3]; abdomen [32]; female sexual organs [1]; outer chest [1]; neck and back [1]; upper limbs [2].
Cutting Pain. Scrobiculum and stomach [1].
Shooting Pain. Outer head [1]; eyes [3]; ears [20]; lower face [1]; teeth and gums [1]; abdomen [3]; female sexual organs [1]; outer chest [2]; upper limbs [16]; lower limbs [31]; limbs in general [2].
Darting Pain. Ears [8]; abdomen [3]; outer chest [2]; neck and back [4]; upper limbs [21]; lower limbs [28]; limbs in general [2].
Stinging Pain. Upper limbs [1].
Twinging Pain. Lower face [5]; upper limbs [4]; lower limbs [5].
Neuralgic Pain. Outer head [1]; eyes [1]; ears [3]; teeth and gums [1]; outer chest [1]; neck and back [7]; upper limbs [3]; lower limbs [2].
Momentary Pain. Outer head [10]; eyes [8]; ears [6]; upper face [4]; throat [1]; scrobiculum and stomach [6]; hypochondria [4]; abdomen [16]; outer chest [6]; upper limbs [37]; lower limbs [35]; limbs in general [2].
Quick Pain. Outer head [1]; ears [1]; neck and back [2]; upper limbs [17]; lower limbs [20]; limbs in general [2].
Brief Pain. Eyes [1].
Sudden Pain. Outer head [1]; eyes [1]; ears [2]; upper face [2]; lower face [1]; teeth and gums [1]; inner chest and lungs [1]; heart [2]; upper limbs [3]; lower limbs [6].
Occasional Pain. Ears [1]; inner chest [1].
Pain of Short Duration. Upper face [1]; outer chest [1].
Pain Coming and Going Quickly. Abdomen [1]; lower limbs [4].
Pain Coming Quickly and Passing Gradually Away. Outer head [1]; lower limbs [1].
Intermittent Pain. Abdomen [1]; outer chest [2]; neck and back [1].
Transient Pain. Ears [2]; scrobiculum and stomach [5]; ab-

domen [2]; outer chest [3]; neck and back [4]; upper limbs [2]; lower limbs [4]; limbs in general [1].

Migratory Pains. Outer head [9]; upper face [1]; scrobiculum and stomach [5]; abdomen [2]; outer chest [6]; neck and back [3]; upper limbs [4]; lower limbs [8]; limbs in general [1].

Fugitive Pain. Eyes [1]; neck and back [3].

Wandering Pain. Outer chest [1]; neck and back [1]; upper limbs [2].

Fleeting Pain. Teeth and gums [1]; neck and back [2]; upper limbs [1]; lower limbs [1].

Flitting Pain. Ears [1]; abdomen [1]; upper limbs [3]; lower limbs [3].

Flying Pain. Lower limbs [1]; limbs in general [1].

Pulsating Pain. Upper limbs [5]; lower limbs [2].

Throbbing Pain. Outer head [1].

Rhythmical Pain. Lower limbs [2].

Spasmodic Pain. Neck and back [1].

Contractive Pain. Female sexual organs [1].

Cramp-like Pain. Throat [1]; scrobiculum and stomach [1]; abdomen [16]; neck and back [1]; lower limbs [7].

Colicky Pain. Scrobiculum and stomach [3]; abdomen [12].

Griping Pain. Scrobiculum and stomach [1]; abdomen [3].

Twisting Pain. Abdomen [1].

Labor-like Pain. Abdomen [1].

Peculiar Pain. Outer head [1]; scrobiculum and stomach [1].

Indescribable Pain. Heart [1].

Distressing Pain. Abdomen [1].

Blinding Pain. Eyes [1].

Aching. Inner head [275]; eyes [34]; ears [18]; upper face [5]; lower face [1]; throat [2]; scrobiculum and stomach [2]; abdomen [6]; urinary organs [1]; female sexual organs [2]; outer chest [2]; neck and back [48]; upper limbs [1]; lower limbs [9]; limbs in general [4].

Soreness. Eyes [11]; ears [5]; nose [19]; upper face [6]; lower face [1]; tongue [8]; inner mouth [1]; throat [83]; scrobiculum and stomach [2]; hypochondria [2]; abdomen [11]; urinary organs [1]; outer chest [3]; neck and back [3]; upper limbs [1]; lower limbs [2].

Bruised Sensation. Lower limbs [2].

Tenderness. Eyes [3]; ears [3]; teeth and gums [1]; tongue [1]; inner mouth [3]; abdomen [2]; lower limbs [2].

Sensitiveness. Eyes [19]; ears [45]; nose [3]; inner mouth [1]; throat [4]; scrobiculum and stomach [1]; abdomen [3]; lower limbs [1]; skin [2].

Rawness. Throat [11].

Cramping. Scrobiculum and stomach [2]; abdomen [13]; upper limbs [2].

Griping. Scrobiculum and stomach [3]; hypochondria [2]; abdomen [14].

Spasms. Throat [1]; larynx, trachea and bronchi [1]; limbs in general [2].
Drawing. Neck and back [1]; upper limbs [1].
Contraction. Neck and back [1]; lower limbs [1]; limbs in general [1].
Constriction. Throat [9]; urinary organs; [1] larynx [1]; outer chest [4]; upper limbs [1].
Tension. Outer head [2]; eyes [1].
Strained Sensation. Inner head [1]; eyes [8].
Distension. Inner head [1]; scrobiculum and stomach [3]; abdomen [11]; urinary organs [1].
Swelling. Eyes [6]; ears [1]; upper face [2]; lower face [1]; tongue [2]; throat [13]; neck and back [7]; upper limbs [2]; lower limbs [8].
Dilation. Inner head [1]; heart [1].[9]
Fulness. Inner head [7]; eyes [3]; ears [10]; nose [1]; throat [7]; abdomen [2]; urinary organs [4]; upper limbs [1].
Stuffiness. Nose [16].
Thickness. Tongue [1].
Weight. Scrobiculum and stomach [2].
Pressure. Inner head [2]; abdomen [10]; urinary organs [2]; outer chest [12].
Oppression. Urinary organs [2]; inner chest and lungs [70].
Bearing Down. Abdomen [11]; urinary organs [1]; female sexual organs [9].
Heaviness. Eyes [20]; scrobiculum and stomach [5]; hypochondria [1]; abdomen [4]; urinary organs [2]; neck and back [1]; lower limbs [15].
Drooping. Eyes [7].
Lightness. Lower limbs [1].
Emptiness. Scrobiculum and stomach [5].
Pulsating. Outer head [2]; upper limbs [4]; limbs in general [4].
Throbbing. Upper face [1].
Beating. Upper limbs [2].
Palpitating. Heart [4].
Flushing. Eyes [2]; ears [6]; upper face [17]; neck and back [2]; upper limbs [1].
Congestion. Eyes [13]; ears [3]; nose [2]; gums [1]; inner mouth [1]; throat [12]; female sexual organs [1].
Inflammation. Eyes [7]; throat [1].
Burning. Eyes [33]; nose [4]; upper face [4]; lower face [2]; throat [1]; hypochondria [1]; abdomen [8]; rectum [2]; urinary organs [22]; female sexual organs [7]; inner chest and lungs [1]; upper limbs [5]; lower limbs [2]; skin [11].
Heat. Eyes [5]; nose [1]; upper face [5]; tongue [1]; throat [5]; scrobiculum and stomach [1]; rectum [1]; urinary organs [1]; upper limbs [4]; lower limbs skin [22].
Coldness. Upper face [1]; upper limbs [2]; lower limbs [1].
Chilliness. Neck and back [3]; lower limbs [4]; skin [3].

Dryness. Eyes [20]; nose [117]; upper face [4]; lower face [81]; tongue [13]; inner mouth [119]; throat [232]; female sexual organs [1]; larynx, trachea, and bronchi [8]; inner chest and lungs [2]; upper limbs [16]; lower limbs [1]; skin [44].
Moisture. Ears [1]; upper limbs [2]; skin [5].
Parching. Nose [1]; lower face [3]; tongue [1]; inner mouth [3]; throat [9]; upper limbs [1].
Cracking. Lower face [7]; tongue [3].
Roughness. Upper face [1]; lower face [3]; throat [14]; upper limbs [4]; skin [13].
Smoothness. Skin [3].
Glazed. Throat [2].
Jerking. Neck and back [1]; upper limbs [1]; lower limbs [6]; limbs in general [18].
Twitching. Eyes [12]; upper limbs [4]; lower limbs [5].
Jumping. Lower limbs [4].
Twinging. Upper limbs [1]; lower limbs [1].
Fluttering. Ears [1].
Snapping. Ears [5].
Tingling. Nose [1]; tongue [2]; neck and back [6]; upper limbs [2].
Tickling. Ears [1]; nose [6]; throat [5]; urinary organs [2]; larynx, trachea, and bronchi [9]; inner chest and lungs [1]; lower limbs [1].
Itching. Outer head [3]; eyes [15]; ears [6]; nose [2]; upper face [4]; abdomen [10]; rectum [2]; female sexual organs [2]; outer chest [3]; neck and back [4]; upper limbs [4]; lower limbs [14]; limbs in general [4]; skin [52].
Stinging. Ears [1]; lower limbs [1].
Smarting. Eyes [23]; nose [1]; upper face [2]; rectum [4].
Pricking. Lower limbs [1].
Scraping. Nose [8]; inner mouth [2]; throat [17].
Twisting. Abdomen [1].
Restlessness. [General [22]]; upper limbs [1]; lower limbs [4].
Uneasiness. Abdomen [1]; neck and back [1].
Discomfort. Scrobiculum and stomach [3]; abdomen [2].
Distress. Scrobiculum and stomach [1]; abdomen [2].
Relaxation. [Muscular and vascular [2] systems.]
Lassitude. [General [6].]
Weakness. [General [39]]; eyes [4]; throat [1]; abdomen [3]; inner chest and lungs [23]; heart [1]; neck and back [1]; upper limbs [5]; lower limbs [17].
Fatigue. [General [61]]; lower limbs [1].
Tired. [General [47]]; eyes [13]; abdomen [1]; neck and back [4] lower limbs [5].
Goneness. Scrobiculum and stomach [1]; abdomen [3].
Trembling. Upper limbs [7]; lower limbs [3]; limbs in general [1].
Clumsiness. Upper limbs [1].
Awkwardness. Upper limbs [1]; limbs in general [1].

Uncertainty in Walking. Lower limbs [17].
Unsteadiness. [General [10]]; inner head [2]; upper limbs [2].
Stiffness. Throat [3]; neck and back [7]; upper limbs [6]; lower limbs [3]; limbs in general [4].
Lameness. Upper limbs [1]; lower limbs [1].
Numbness. Neck and back [3]; upper limbs [9]; lower limbs [1]; limbs in general [1]; skin [1].
Rumbling. Abdomen [15].
Rattling. Inner chest [7].
Stickiness. Eyes [5]; teeth and gums [3]; tongue [5]; inner mouth [13]; throat [3]; skin [2].
Slimness. Tongue [1]; inner mouth [1]; throat [3].

44. Tissues

Muscles. **Soreness.** Free border of ribs, sore to touch for 2 or 3 in. on each side of median line, disappearing towards night; muscles of back sore to touch and on moving, especially in cervical region; sore feeling with dull aching all over body; sore feeling in legs when not aching; sore feeling in legs with aching; muscles of jaw weak and sore; muscles feel sore [1-2] and stiff.

Fatigue. Great muscular fatigue.

Relaxation. Sensation of relaxation of muscular system, < p. m.

Summary of Examinations

(By Physiological Examiners.)

Developed marked cramps at outset of initial fatigue which fully subsided on "recovery" of muscle and remained absent during balance of test.

A few cramps appeared in tests for muscular fatigue.

Onset of primary fatigue was more abrupt, otherwise no change.

Greater sense of muscular fatigue at physiological test.

Muscular fatigue greater after test on one day.

Endurance in test for muscular fatigue was increased.

Joints. **Swelling.** Swelling commenced in r. and l. popliteal spaces, but nearly disappeared by evening; feet swollen towards night [1-2]; in morning l. foot so swollen she had to wear an old shoe; ankles swollen at night.

Tenderness. Feet tender; joints of large toe red and painful, cannot bear pressure of shoe; both knees sensitive while on stairs.

Lameness with dull pain in wrist and elbow joints.

Bruised Feeling in ankles when walking; in legs, < r., with aching and weakness.

Glands. **Swelling.** Glands slightly swollen under angle of

jaw; swelling of both sides of neck below angles of jaw, with swelling and hardness of submaxillary glands [1-7], not tender upon pressure, with increased salivary secretion, but without apparent involvement of either parotid or sublingual glands; later, sides of neck swollen until even with cheeks.

Enlargement. Enlargement of submaxillary glands; enlargement of l. submaxillary gland without sensitiveness to pressure; increased enlargement of r. submaxillary gland.

Blood Examinations. (Numbers refer to provers.)

Color. Darkened [2].

Consistence. Thickened [1].

Flow. Less rapid [3]; normal at first, slow and sluggish during much of proving, but more rapid than normal at finish [1]; increased [1].

Coagulation. Unchanged [3]; more rapid than usual through greater part of proving [1]; retarded [1].

Hemoglobin (per cent.). Increased slightly [2]; increased [4] (one 5 per cent.); increased markedly [1].

Decreased slightly [3] (one 5 per cent.); decreased [5] (one 8 per cent., one 10 per cent., one 12 per cent.); decreased slightly during proving and increased markedly afterwards [1]; individual erythrocytes showed loss of hemoglobin [1].

Red Discs (no. per. cu. mm.). Increased during proving and greatly decreased afterwards [1]; first increased and then decreased over one-third [1]; increased slightly [2]; increased [4] (one over 20 per cent., two 5,000,000 —); increased markedly [3].

Decreased [3] (one over one-third throughout proving); decreased markedly [2].

Ratio of reds to leucocytes. Increased [1] (from 592 to 1 to 1700 to 1); increased markedly [4] (two about doubled); nearly doubled at first, returning, practically, to original ratio [1]; increased nearly one-third during proving and reduced nearly one-half at termination [1].

Decreased [3]; decreased markedly [3] (one decreased very markedly early in proving and increased only slightly later, remaining much smaller than before the proving — a second decreased from 500 to 1 to 250 to 1).

Leucocytes. Increased [10] (by 2300 to by 1000 to .49 to .72 per cu. mm.; throughout proving; towards end of proving); increased markedly [1] (more than doubled, especially in early part of proving); no. first increased, then returned practically to prelim. count [1].

Decreased [2]; decreased markedly [4] (one, more than 50 per cent.); decreased nearly one-half during proving and increased nearly one-half at termination [1].

Large mononuclear. Increased markedly [1]; increased very greatly at end of proving [1] (from 2 per cent. to 31 per cent.).

Decreased [2] (one diminished two-thirds at termination of proving).

Lymphocytes. Small: practically unchanged [1].

Increased slightly [1]; increased [2] (6 per cent. and 10 per cent.); increased markedly [4] (one very greatly increased somewhat early in proving (from 12 per cent. to 42 per cent.), becoming 25 per cent. at end of proving); increased markedly [3].

Decreased slightly [1]; decreased [1]; decreased markedly [1] (55 per cent. to 10 per cent.).

Large: increased somewhat [1]. Transitional: increased [1].

Neutrophil cells. Practically unchanged [1]; increased [3] (one from 41 per cent. to 87 per cent.); decreased slightly [1]; decreased markedly [3].

Eosinophil cells. Unchanged [2]; none throughout [1]; increased [1]. "Mast cells"; none [3]; "Mast" cells 3 per cent. toward close of proving but none previously [1].

Pathological forms (myelocytes, "Markzellen," etc.); none [2]; a few normoblasts discovered in one examination [1].

Blood platelets (or plaques). Increased slightly [3] (one 350 to 1 to 250 to 1); slightly deficient in prelim. analysis and very abundant after medication [1].

Tissue Changes. Small fever-sore in lip near angle of mouth; small papule on inside surface gum r. side, sore to touch; tongue has small, sore spot on r. side; small sores on side of tongue; small, soft papule on frenum of tongue with slight feeling of soreness like canker [1-3]; round cankers in mouth, which are quite sensitive.

Body Weight. Weight of prover unchanged during proving; during proving of 18 days, gained 1¾ lbs. in first 15 days, then lost 2 lbs. in last 3 days; lost 2 lbs. in weight during proving; lost 3 lbs. in weight during proving; lost 4 lbs. during proving.

45. Touch Passive Motion. Injuries

Touch. Passive Motion. Injuries. Temple sensitive to touch.

Throbbing in temples with sensitiveness to pressure.

Temples sensitive to pressure.

Eyes sensitive to touch.

Eyeballs somewhat sensitive to pressure.

R. eye tender to pressure.

Pressure < sensitiveness of eyeballs.
Sensation as though r. eye were smaller than l. and as though it were loose in its socket and rolling around, whether open or closed, > by pressure.
Desire to rub eyelids.
" Tender spots " back of ears.
Left ear sensitive to touch.
Ears ache a little, with sensitiveness.
Feeling of sensitiveness deep in ears, < l.
Cannot lie on l. ear, it is so sensitive deep in ear.
Soreness and tenderness when pressing tragus into meatus, the tenderness being rather in deeper portion of canal than in tragus.
All day, sudden, fleeting pains (going suddenly) in all the teeth, alveolar processes and jaws, < l., < pressure.
Numb sensation on tip of tongue, with tingling when touched against the teeth.
Crust of bread hurts mouth.
Mouth tender in chewing [1-2].
Small papule on inside surface of gum, r. side, sore to touch.
Throat sore, < by outside pressure.
Throat sensitive, exam. caused spasm of coughing.
Cannot bear clothing tight.
Stomach sensitive to pressure.
Pain about ilium, < slight pressure.
Abdomen sensitive to pressure.
On slight pressure, pain all over abdomen.
A colicky pain distributed all over abdomen, > temporarily by tightened belt, but increasing in severity although pressure was maintained, lasting 4 hrs.
Groin sensitive to touch.
Right groin sensitive to touch.
Soreness and tenderness in r. groin.
Pain in r. groin on pressure.
Uterus very sore to touch [1-3].
Free border of ribs sore to touch for 2 or 3 in. on each side of median line, disappearing toward night.
Sharp pain under l. scapula, with soreness to touch.
Muscles of back, especially in cervical region, sore to touch, and on moving.
Tenderness of median nerve.
On rubbing hands together to relieve numbness cutaneous nerves, near palmar surface, were numb, with peculiar tingling feeling.
Drawing pain in legs, < crossing knees, with numbness while crossed.
Pain in l. thigh to knee, < crossing l. over r. knee.

Joints of large toe red and painful, cannot bear pressure of shoe.
Burning sensation of skin after rubbing hands.
Skin on back of both hands grew red, with constant desire to rub.
A fine papular rash appeared on forehead and cheeks, in groups, with soreness to touch, but without itching or burning.
Papular eruption over sternum, with itching, < scratching.
On waking found slight rash on anterior surface of arms and on l. chest, which itched and resembled scarlet rash, but was not rough on passing hand over surface except where it had been scratched, in which places it was slightly rough, and tiny, bright red, ecchymotic spots, size of pinpoints, appeared where it was rubbed most.
Scratching over body, legs, and arms with pen handle where the skin looks normal, leaves an intensely red line, with no elevation, but sense of warmth.
Intense itching of skin < by light friction, but > by hard friction if severe enough to lacerate hypodermis.
A general aggravation of pre-existing skin lesions (ichthyosis and keratosis pillaris), with a general hyperemia, more aggravated where there is most pressure.
Riding causes nausea.
Nausea after riding, from about 2 p. m. until evening.
When riding, nausea disappeared.
Nausea [1-3], < indoors, not present when riding in the open.
Cough < by riding on wheel.
Dread of jar (headache).
For an hour after walking, feeling of soreness in pit of stomach.
Sore feeling in abdomen < walking.
Soreness in bowels, must walk carefully.

46. Skin

Dryness. Skin dry [3-3]; skin very dry, with heat and redness [1-10]; skin dry and leathery; skin on forehead dry and hard like leather; skin of face feels dry [2-5]; skin of hands and body dry and harsh; hands feel dry [2-2]; palms of hands very dry [3-9]; finger-ends dry, with heat and roughness [1-2]; hands dry and parched; lips dry [1-5]; hands, especially palms, feel dry and hot; skin on hands exceedingly dry; skin dry, red, and scaly; skin on face, forearms, and hands quite red and very dry. 44.

Roughness. Skin rough; palms of hands rough, with dryness; skin of hands and body harsh, with dryness; skin

of face scaly; finger-ends rough [1-2] and feel as if about to crack, with dryness and heat; hands rough [2-2]; lips cracked; skin feels as if chapped; skin feels harsh to hand as it passes over it; skin on hand exceedingly dry and horny; skin scaly. 13.

Smoothness. Fingers felt "as if covered with dry, egg-albumin," and were as smooth as ivory; dropped fountain pen because fingers were so dry and smooth it slipped from them when he took it out of his pocket; skin on fingers feels and looks glossy. 3.

Heat. Skin hot, dry, and red [1-10]; sensation of burning heat all over body [2-2]; sensation of heat in hands [1-2], which felt hot to others; hot, burning face [1-2], in p. m. and in evening; heat in face, as if riding in wind, with burning and smarting, especially on eyelids; face hot and red [1-2]; burning sensation in skin after rubbing hands; after taking each dose has burning on ulna surface of fore-arms, and burning and redness of skin on back of hands; lips burning; hands very hot [2-2]; face hot and burning; surface of body and hands felt abnormally warm, even to touch of others; heat of skin caused restless sleep. 26.

Redness. Skin red, with heat and dryness [1-10]; face flushed [4-6]; hands red [2-2]; skin on back of both hands grew red [2-2], with constant desire to rub; skin red and scaly; even palms of hands are red. 22.

Moisture. Hands feel moist, after dryness; slight, warm perspiration upon covered parts of skin; profuse perspiration on waking, and seemed to feel better in consequence; increased perspiration on head; hands very moist; no perspiration, not even under the arms. 6.

Itching. Itching, "as if something were biting," on scalp [1-2], r. side of face, all over face [1-2]; back of ears [1-2]; on back [1-3]; l. shoulder [1-2]; abdomen [1-9], r. leg [1-2], legs [1-7], knees, bottom of r. foot; over whole body [1-6], but no eruption apparent (never subject to itching of skin, but the foregoing symptoms were extended over a period of 14 days). Commencing in night, an intense itching [1-2], with burning, all over body, < legs and arms, < cold water, < a. m.; itching on calf of l. leg; sensation as on waking at night as though something were crawling over back and in the hair; got up to examine, but could find nothing [1-2]; small spots on neck and shoulders, which itch violently; feels as though a fly were crawling on the arms, especially in bend of elbows; a petechial rash on chest with slight itching [1-3]; slight rash on arms and l. chest, which itched; itching of skin on neck; itching and tingling all over body; itching of face; itching of skin all over. 54.

Mottling. 2.30 p. m., on waking from a nap, a blotchy redness of face, first appearing and < on l. malar bone, with subjective and objective heat (hot day), remaining about 1½ hrs, with itching, stinging, and roughness on l. cheek — the same blotchy redness of face appearing ½ hr. after evening dose, lasting about 1 hr.; about 2 p. m. face red, hot, and blotchy on both sides (although hot weather, this redness is unusual — since taking drug more color in face than natural); face mottled in appearance, as though jaundiced, on temples and forehead, and elsewhere red places and dull, purplish spots. 3.

C — Sensitiveness. Abnormally sensitive to drafts[1-2] and cold air. 2.

E — Coldness. To the touch the hands were cold, rough, and lacked moisture; skin on hands exceedingly dry, horny, and cold; during chilliness, fingers looked shrivelled and nails blue. 3.

Numbness. Cutaneous nerves, near palmar surface of fingers, were numb, with peculiar tingling feeling on rubbing hands together to relieve numbness. 1.

Scalp. Hair seems to fall out more than it did, and there is more dandruff; apparently less dandruff. 2.

Eruptions. Pimples developed on forehead; a pimple appeared on forehead, became pustular and required to be cauterized; a pimple, with much circumscribed tenderness, developed on r. frontal eminence; pimples appeared on face; small, sore pimple on r. upper eyelid; pimple on edge of lower eyelid. 6.

Pustules on back of L third finger and large, pinhead-sized pustule on second phalanx. 1.

Furuncle. Small boil over inner angle of l. scapula. 1.

Herpes. On l. upper lip a fever-sore rapidly developed, with subsequent itching; small cold-sore on upper lip; small fever-sore on lower lip, near angle of mouth. 3.

Miscellaneous. A bright red eruption on thighs and lower part of abdomen, inclined to be pustular; a fine, scarlet-like rash appeared upon cheeks, which were redder than usual; slight eruption on face; slight rash on middle of chest, < getting warm; an eruption under r. lower jaw[1-3]; on going to bed, vesicular eruption found on flexor surfaces; in a. m. a fine, papular rash appeared on forehead and cheeks, in groups, with soreness to touch, without itching or burning, a few turning to minute vesicles, < on forehead, gradually passing away during day; C — a red, bean-sized, macular spot appeared at end of nose, l. side, with soreness and slight pain and swelling; a petechial rash, becoming fine pustules, on chest, back, outside of and under thighs, with slight

itching, continuing on chest 3 days; on waking, found slight rash on anterior surface of arms and on l. chest, which itched and resembled scarlet-rash, but was not rough on passing hand over surface, except where it had been scratched, in which places it was slightly rough, and tiny, bright red, ecchymotic spots — size of pinpoints — appeared where it was rubbed most, — the rash disappearing in a short time after moving about in cool air, but a few of the ecchymotic spots remaining and present next morning on one shoulder, appearing as tiny brown speckles; erythema on back of both hands, of 12 hrs. duration; a macular, papular eruption, similar to flea-bites, much < after cold bath; half a dozen scratched, fine papules upper part l. calf, similar condition on r., same ankles, one lesion on l. wrist.

Summary of Examinations

On 7th day of medication, pimples on forehead, face, and scalp, which felt sore, without itching, and persisted for 10 days.

A papular eruption developed over upper part of sternum, fading after 4 days; eruption papular, dark-reddish color, discrete and varying in size from small to large shot, with itching, < scratching, < getting warm, but no stinging or burning; (prover claims he never had an eruption resembling this before.)

Dryness of skin over entire body, continuing for 10 days, but rapidly subsiding on discontinuing drug; exercise and all muscular movements, with hot drinks, failed to eliminate the slightest perspiration; skin felt rather leathery and the lines of cleavage were especially prominent.

Appearance of fingers and skin as if poisoned by ivy, with itching; this itching continued on face and hands and, on 3rd day, extended all over body, as if from wearing new flannels; on retiring, a rash was discovered on stomach and back which itched and burned; on 4th day the itching remained, particularly on face and hands, the rash disappearing in the morning, but again found on retiring.

After 2 days of burning and itching on chest and back, there was noted on l. side of chest, from middle of sternum to middle third of clavicle (4 × 3 in.) a patch of hyperemic skin, dry, rough, and scaly, which might possibly be due to previous conditions, with similar patch on back between scapulæ: general < of pre-existing skin conditions; acne pap. more pronounced, also sealing of ichthyotic skin, etc.; scalp apparently unaffected; pap-

ules and scattered pustules on arms; small, scattered, hyperemic patches on fore-arm; scratching over body, legs and arms with pen handle, where the skin looks normal, leaves an intense red line, with no elevation but a sense of warmth; itching is intense, which light friction <, but hard friction > if severe enough to lacerate hypodermis. [To sum up, a general aggravation of pre-existing skin lesions (ichthyosis and keratosis pilaris), with a general hyperemia, more aggravated where there is most pressure. — Ex.]

A macular and vesicular eruption appeared upon face, the macules bright yellow, size of pea, mostly on r. side, and disappeared after 2 days; 3 macules appeared on back, similar to those on face; the papules came and disappeared soon, a few becoming pustular, were very small, of pinhead size, red only on papule proper with no areola around them and, as to location, were well distributed; upon the back small papules appeared corresponding to those on face. [No subjective symptoms as to itching, stinging, burning, etc., were mentioned. — Ex.]

CHAPTER VI

THE RESULTS SUMMARIZED IN GENERAL TERMS

Symptoms are presented in groups, and these groups are arranged as nearly as possible in the order of their development in the course of the proving. Double numerals affixed to symptoms denote, first, the number of provers who experienced the symptom given, and, second, the number of days on which it was recorded. Single numerals denote the number of days alone, without regard to the number of provers. This summary may be used as a key for quick reference to the larger Systemic Schema.

1. Mind and Nervous System

Headache. Chiefly frontal [31-133], without specification [15-46], general [9-20], vertical [10-16], occipital [7-17], parietal [6-9], supra-orbital [4-7], or temporal [4-6], worse on the right side [18-72] (left [6-13]), extending from before backwards [4-12] or from back forwards [4-11], either slight [10-11] or severe [10-17] in intensity and dull [34-76], continuous [4-11], sharp [4-7], throbbing [4-4], or bursting [3-3] in character and occurring oftenest in the afternoon [9-14], on waking [5-8] or in the evening [3-5], with feeling of fulness [4-5], or tension [3-3] and accompanied by flushed face [3-4] or pains and aching in or about the eyes [5-11]. Aggravation was chiefly by motion of various kinds [8-8], on lying down [3-4], and in afternoon or towards evening [5-7], and amelioration by open air [7-8], by cold air [3-3] by resting [3-3], by keeping eyes closed [3-5], by pressure [3-3], and after eating [3-3].

Disturbance in Head. Tension [6]; fulness [6]; heaviness [6].

Mental States. Impatience [2]; increased mental activity [4]; anxiety [2]; foreboding [4]; freight [2]; hallucinations [2]; delirium [2]; marked absent-mindedness [8]; confusion [8]; forgetfulness [6]; desire for solitude [1]; desire for quiet [3]; thoughts self-centred [1]; slow mentality [10]; mental fatigue [6]; stupidity [8]; mental dullness [11]; listlessness [2]; depression [15]; despondency [9]; lack of concentration [5]; loss of sense of direction [3].

Speech. Aversion to talking [3]; stammering [1]; confusion of speech [3].

Sleep. Drowsiness [41]; sleep troubled [50]; unrefreshing [31]. Sleep disturbed during night and in early a. m. [11]; drowsy by day < p. m. [9].

Dreams. Throughout night [2]; of trouble, misfortune, and accidents of all kinds [43]; confused [4]; of insects and vermin on person [6]; erotic [3]; vivid [2]; disturbing [6].

Pain. Sharp, shooting, transient, migratory, neuralgic pain in all parts of body [18]; around head [4]; in sides of head [19]; around eyebrows [4]; around eyes [7]; in temples [16]; around ears [15]; in face [9]; in teeth [1]; in back of head [19]; in back of neck [8]; in shoulders [22]; in chest [35]; in epigastrium [3]; in stomach [10]; in hypochondria [2]; in liver [6]; in abdomen [36]; in groins [2]; in inguinal regions [3]; in ovaries [9]; in uterus [2]; about scrotum [1]; in anus [1]; in back [15]; in arms [28]; in wrists [17]; in hands [22]; in fingers [6]; in hips [11]; in legs [30]; about knees [29]; knees to ankles [6]; in ankles [21]; in feet [29]; in toes [6]; in all the limbs [4]. [Shoulders to fingers [95]; hips to toes [132].] Aching in back [13].

Nervous States. General nervousness [31]; irritability [27]; restlessness [34]; twitching [5]; jumping [3]; jerking [11]; spasms [3]; dulness [9]; heaviness [27]; clumsiness [10]; indolence [15]; weakness [50]; fatigue [43]; general malaise [7]; light-headedness [12]; dizziness [66]; uncertainty in walking [17]; unsteadiness [14]; tremor [9]; tingling [11]; numbness [12]; paralysis [13]; chilliness [3]; sensitiveness [6]; hysteria [5].

Sensations. Miscellaneous, unclassified [8]. (See larger schema * or special section.)

Summary of Examinations

Pulse easily excitable [1]; general hyperesthesia noted [1]; nervous tension increased [1]; nervous unrest noted [1]; nervous energy improved [1]; general nervousness exaggerated [6]; reflexes in general exaggerated [15], variable [1], unchanged [1]; elbow reflex exaggerated [3]; patellar reflex exaggerated [7], diminished [2]; plantar reflex increased [1]; jaw clonus present [1]; subsultus tendinum noted [2]; tremor present [4], especially in hands; twitching, slight fibrillary, in thigh [1]; jerking, choreic, of legs [7]; tenderness of median nerve [1]; numbness, slight, in distribution of both median nerves [1]; station, static ataxia noted [7]; muscular sense unchanged; muscular co-ordination unchanged.

2. Eyes

Pupils: dilated [53].

Vision: blurred [100]; dim [20]; hazy [3]; only or best at distance [21]; impaired [14]; double [14]; only or best with one eye closed [6]; lacks accommodative power [6]; saw white specks [1] and yellow spots [1].

Pain: in eyeballs [26]; about eyebrows and over eyes [9]; in outer

* Cannot be condensed without losing value.

canthus[1]; shooting pains from temples or occiput to eyes[9]; sharp, neuralgic pains in or about eyes[11]; aching in and about eyeballs[30]; aching in eyes associated with headache[22].

Sensations: of smarting[21]; heat[2]; burning[33]; itching[15]; fatigue[13]; weakness[4]; strain[8]; heaviness[20]; irritation[3]; dryness[20]; soreness[9]; fulness[2]; dizziness associated with eyes or sight[3]; photophobia[19]; dazzling[3]; flashes of light[1]; miscellaneous[19]. (See larger schema or special section.)

Desires to keep eyes closed, to rub eyelids and to wink often.

Objective Appearances. Pupils, as above; expression lacking or altered[10]; drooping of eyelids[7], puffiness[1], swelling[5]; redness of conjunctiva[5], congestion[13], inflammation[7]; secretion increased[9]; agglutination[5]; lacrymation increased[11]; twitching of eyeballs or lids[12]; partial paralysis of lids[2].

Tissue Changes. Sty on upper lid; pimples on both lids; pustule on outer canthus.

Curative Effects. Eyes strengthened in 3 provers while taking drug. In another, inflamed conjunctiva became normal during proving.

Summary of Examinations.

Lids, margins: red[5]; congested[6]; swollen[3]; inflamed[2]; agglutinated[6]; dry[2]. L., nerve action: sluggish[4]; drooping[7]; twitching[9]. **Conjunctiva,** bulbar: congested[25]; inflamed[11]. C., palpebral: congested[30]; inflamed[11]. **Secretions,** lachrymal: increased[23]; decreased[6]. S., mucous: increased[11]. **Pupils,** size: dilated[69]. P., action to light: partial[7]; sluggish[1]; none[2]. P., action in accommodation: feeble[9]. P., consensual action diminished[5]. **Tension:** increased[2]. **Media:** unchanged. **Fundus:** congested[8]. F., vessels: injected[3]; dilated[1]. F., veins: full[19]; tortuous[20]. F.: hazy[5]. F.: wholly congested[1]. F., optic discs: congested[9]; hazy in outline[34]. **Visual acuity:** decreased[11]. **Ciliary muscle:** affected[4]; tonicity increased[1]; tonicity decreased[11]; partially paralyzed[3]; paralyzed[11]; spasmodic[1]; relaxed[2]. **Accommodation:** erratic[1]; near point removed[26]; distant point shortened[3]. **Muscle balance,** distance: exophoria decreased[2]; esophoria increased[5]; esoph. dec.[2]. M. b., near: exoph. inc.[2]; exoph. dec.[4]; esoph. inc.[2]. Reflexes: none[8]. **Color tests:** normal.[8]

3. Ears.

Pain: of varying degree in or around ears [9]; with sensation of soreness [2]; sharp, transient, darting, or neuralgic, in or around ears [32]; both sharp and dull [2]; dull [2]; in upper teeth darting to ears [3]. Aching in or under ears [11].

Throat and Ears. Soreness of throat extending to ears [2], with fulness of ears [8]; full feeling in throat extending to ears [3]; sore throat with pain shooting to ears [8].

Tinnitus. Ringing [13]; buzzing [13]; singing [1]; whistling [2]; roaring [10]; clicking [1]; a prolonged "ping" [1]; with confusion in ears [3]; referred to head [1].

Sensations: of fulness and stuffiness [17], with tinnitus [1], with autophony [1]; fluttering [1]; snapping [5]; itching, in Eustachian tube [3] in and back of ears [5]; tenderness to touch [9]; sensitiveness to cold [4]; soreness [3]; stinging [1]; moisture [1].

Hearing. Hyperesthesia [34]; deafness [16]; voices seemed clearer at distance [5]; autophony [8].

Objective Appearances. Redness and heat of auricles [5]; congestion [3].

Summary of Examinations

Auricles redder than normal [6]. **Ext. canals**: congestion of sup. wall near Mt.[6]; slight increase of cerumen.[3] **Tympanic membranes**: congestion of Shrapnell's membrane [3]; dilation of vessels above same [2]; congestion about short process of malleus [3], and down posterior border [6]; drum-heads hyperemic [2]; slightly congested [1]; retracted [2]; showing pink reflex from congested wall of tympanum [2]. **Eustachian tubes**: obstructed [2]; became catarrhal [3]. **Hearing power** for mechanical sounds (watch): unchanged [3]; increased [22]; decreased [9]. Hearing power for vocal sounds: unchanged [7]; increased [14]; decreased [3]. Hearing power for fork by bone conduction: unchanged [4]; increased [11]; decreased [12]. **Perception of musical sounds** of varied pitch; unchanged [8]; more acute, especially of high tones [2]. Lower limit of tone perception: unchanged [14]; raised [4]; lowered [2]. Upper limit of tone perception: unchanged [11]; raised [8]; lowered [6].

4. Nose and Throat

Dryness: of nose [61]; nares [4]; nostrils [5]; naso-pharynx [8]; mouth [101]; tongue [6]; fauces [1]; tonsils [4]; pharynx [36]; throat [236]; larynx [8]; upper chest [2]. (See also Dryness in Section 7.)

Sensations: of burning [14]; itching [3]; tickling [13]; tingling [1];

smarting [1]; scraping [26]; roughness [8]; irritation [5]; of foreign body [8]; of rawness [11]; sensitiveness [6]; stuffiness [16]; swelling [14]; fulness [8]; constriction [8]; stiffness [5].

Pain: in nose [1]; from throat to ears [8]; in tonsils [2]; in roof of pharynx [1]; in throat [3]. Aching in throat [2].

Soreness: in nose [12]; naso-pharynx [1]; mouth (see Section 7); tongue [5]; fauces [4]; tonsils [4]; pharynx [4]; throat [83].

Functional Disturbances. Sneezing [10]; spasms [2]; hoarseness [32]; cough [4] (see Section 5); articulation [12]; wheezing [3]; dysphagia (see Section 7).

Desires: to drink often, to relieve dryness rather than thirst (many provers); to swallow frequently; to clear throat [17].

Secretions: increased, but sensation of dryness [6]; increased [22]; decreased [3]; thick [7], tenacious [8], sticky [8], stringy [5], ropy [4], viscid [2] and difficult to dislodge [9]; tough [3] and lumpy [2]; mucous [20]; slimy [5]; bloody [4]; thin [2], white [6], clear [1], watery [1], colorless [2] and profuse [1]; bland [1]; pasty [1]; semi-transparent [1]; frothy [1]; grayish-white [1]; yellow [3]; saliva scanty, thick, ropy, tenacious and cottony (see Section 7); tongue coated white and sticky (see Section 7). (See also examiner's report below.)

Objective Appearances. Redness [16]; congestion [13]; inflammation [1] (see Sum. of Exams.); swelling [6]; epistaxis [15].

Tissue Changes. Soreness of nostril and alæ of nose; macular spot with soreness, pain and swelling at end of nose; pustule within ala with redness to tip of nose; ulcers on nasal septum; papules on gum and frenum of tongue; round cankers in mouth; glands swollen under jaw; submaxillary glands enlarged; marked swelling of neck below jaw with swelling and hardness of submaxillary glands.

Curative Effects. Excoriation of septum improved. Sore throat cured on first day of medication. Pharyngitis improved. Congestion of pharynx and larynx relieved on second day of drug. Post-nasal catarrh improved early in proving, but aggravated a week later. Chronic catarrh improved. Congestion of oro-pharynx and faucial pillars relieved. Chronic post-nasal catarrh showed improved local appearance after proving.

Summary of Examinations

Nostrils congested. **Nares**: abnormally dry [5]; encrusted [2]; congested. **Nasal mucous membrane**: abnormally dry [21]; congested [10]; reddened [8]; pale [5]. **Inferior turbinates**: enlarged [4]; reddened; dry; congested [7]; with flecks of blood; posterior ends pink; posterior end boggy. **Middle turbinates**: dry; congested [3]; inflamed. **Septum**: in-

flamed; small ulcers; mucus dried in scales. **Naso-pharynx**: mucous membrane abnormally dry [10]; pale [2]; reddened [6]; congested [4]; inflamed. **Vomer**: dry; infiltrated; congested [2]; inflamed [3]. **Eustachian prominences**: dry; red; congested; inflamed [3]. **Mouth**: mucous membrane abnormally dry [10]; glistening; pale; dark red; congested. **Tongue**: dry, glazed and cracked (see Section 7). **Soft palate**: abnormally dry [3]; dark red; congested; congested at margin; congested in patches; inflamed [3]. **Uvula**: relaxed; dry; dark red; red rash on back; round, red elevation similar to eruption of measles. **Tonsils**: enlarged [3]; dry [2]; red [2]; congested [2]; inflamed [4]. **Fauces**: mucous membrane hyperemic; pillars dry [2], reddened [7] and inflamed [2]. **Pharnyx**: mucous membrane abnormally dry [32]; abnormally pale [15]; glistening [4]; reddened [4]; congested [12]; inflamed [4]; thickened. Pharyngeal follicles: swollen [3]; more inflamed [2]; prominent [3]; groups more distinct [4]. **Throat**: mucous membrane abnormally dry [8]; gistening; reddened [2]; congested [4]; inflamed. **Epiglottis**: dry; red [2]; capillaries dilated; congested [2]; inflamed. **Glosso-epiglottic fossa**: congested [3]; inflamed [2]. **Larynx**: mucous membrane abnormally dry [26]; abnormally pale [14]; glistening; reddened [4]; congested [8]; infiltrated. **Aryteno-epiglottic fold**: congested [3]; inflamed. **Ventricular bands**: congested [3]; inflamed. **Vocal cords**: abnormally reddened; congested [16]; secretion adherent; relaxed. **Muscles** concerned in movement of vocal bands: unaffected [4]; abductors weak. **Trachea**: visible portion, congested [4]. **Glands**: submaxillary enlarged [3]; lymphatic, about neck, unaffected [5]. **Secretions**, mucus, in mouth and on pharyngeal walls: diminished [12]; increased [2]; dry [2]; thin [3]; frothy [3]; thickened [4]; sticky [2]; stringy [2]; tough [2]; glairy [2]; viscid [4]; tenacious [11]; adherent [8]; dry, compact chunks, difficult of expulsion (see also prover's report above). **Sense of smell**: (numbers here refer to provers) unchanged [6]; more acute [2]; less acute [2]; lost [1].

5. Respiratory System

Sensations: of dryness in throat, larynx and chest [11]; tickling in larynx and trachea [9]; oppression of chest [52]; constriction of chest [4]; stuffiness of nose [16]; fatigue of chest [1]; burning in chest [1]; weakness of lungs [3]; rattling in chest [7].

Pain: in various parts of chest [9]; sharp, transient, darting pains in various parts of chest [11]; sticking or stitching [3]; strong pain from nipple to back [1]; aching pains from

chest to back [2]; stiff pain in posterior chest wall (probably muscular) [1]; heavy, pressing pain in chest [3]; dull, continuous pain in chest [2].

Soreness: from throat extending to trachea [1]; in upper part of chest [13]; with oppression [4]; in chest [2].

Functual Disturbances. Hoarseness [28]; shallow respiration [3]; sighing respiration [6]; dyspnea [20]; wheezing [12]; cough [28] (dry [8]; mostly dry [4]; loose [2]; not specified [14]); hiccough [1].

Desires: to clear throat continually [14], which is difficult [4].

SUMMARY OF EXAMINATIONS

(Numbers here refer to provers.)

Respiration: increased [4] (one from 17 to 22 per minute); slower; (one from 20 to 12); slower at beginning of proving, but at end faster [1]; rhythm unchanged; character shallower [3].

Râles: dry, rough, coarse râles in upper anterior chest, evidently bronchial [1]; dry râles in upper anterior chest [1]; sibilant râles in upper chest [2]; slight roughness over l. apex and a few râles through both lungs [1] (prelim. exam. normal).

6. Circulatory System

Pain: of varying character and degree, chiefly sharp and severe, in region of heart [16]; of pulsating character in various localities [3].

Sensations: of relaxation of vascular system [2]; of heat in face [7], over entire body [9], in hands [2], and through chest [1]; of weakness and sinking in precordial region [1]; of chilliness and coldness, especially of extremities [7]; of dilation, as if heart were enlarging [10].

Functional Disturbances. Pulsation and throbbing over entire body [4]; of arteries in various localities, especially in temples [5]. Palpitation of heart [4]. Irregularity of heart's action [18]. Pulse soft [1], weak [3], and slow [1].

Objective Appearances. Flushing, usually very marked, of face [17], auricles [6] and hands [1].

SUMMARY OF EXAMINATIONS

Pulse. **Rate:** increased [35]; decreased [5]; variable [1]; ratio between standing and sitting increased [4]. **Force:** increased [5]; decreased [21]; variable [1] (every second or third beat of radial pulse much stronger, with heart's action regular). **Volume:** increased [2]; decreased [2]; variable [1]

(first increased, afterwards diminished). **Rhythm**: regular [11]; irregular [8]. **Tension**: increased [1]; decreased [6] (one prover from 8 cm. to 11.5 cm.). Dicrotism [3] (all very pronounced). (See sphygmographic tracings.)

Heart Sounds. A functional murmur, systolic in time, appeared at apex, probably due to dilation; suspicion of systolic murmur at base, not constant, probably due to dilation; first sound shortened, accentuated and slightly irregular in rhythm and force — second sound slightly irregular in rhythm; first sound, length of boom became less than normal, character not strong, murmur less evident, regularity unchanged — second sound, strength increased, regularity unchanged.

7. Alimentary System

Dryness: of lips [33]; mouth [149]; throat [130]; pharynx [47]; tongue [13]; fauces [2]. (See also Dryness in Section 4.)

Sensations: of stickiness of lips [8], mouth [6] and tongue [5]; of roughness of lips [3] and throat [6]; of scraping in throat [4]; of burning in lips [1], fauces [1], pharynx [1], esophagus [1], l. hypochondria and anus [2]; of heat in mouth and throat [1], tongue [1], stomach [1] and rectum [1]; of tenderness and sensitiveness in mouth [4], tongue [1], stomach and abdomen [1]; of heaviness in epigastrium and stomach [5] and in descending colon [1]; of pressure in pharynx [1] and lower abdomen [1]; of distension in stomach [4] and abdomen [11] (see objective appearances); of discomfort in stomach [3] and abdomen [2]; of cramping in abdomen [13]; of griping in various parts of abdomen [18]; of itching in rectum and anus [1]; miscellaneous, which cannot be classified or condensed [25] (see larger schema or special section).

Pain: of varying character and degree: in teeth [4]; throat [7]; stomach [11]; hypochondria [5]; epigastrium [4]; umbilical region [8]; abdomen, in general and in various localities, especially in lower abdomen [43]; iliac region [4]; inguinal region [3] and groin [1]. Aching: in stomach [1]; epigastric and umbilical region [1]; lower abdomen and r. inguinal region [1].

Soreness: of lips [2]; mouth [2]; tongue [8]; throat (see Section 4); pharynx and esophagus [3]; epigastrium [2]; r. hypochondrium [1]; abdomen [15].

Functional Disturbances. Deglutition, difficult from dryness of parts [25], roughness [5], soreness [3], pain [2], spasmodic constriction [4], and muscular inertia [1]; heartburn [3]; eructations [13]; nausea [76]; vomiting [15]; flatulence [19].

Appetite, etc. Appetite: decreased [16]; lost [14]. Thirst: in-

creased [28]; absent [3]; for frequent draughts [9]; for large draughts [3]; for cold draughts [3]; relieved by water only while drinking [1]; increased by water [1]; quenched only by acid drinks [3-3].

Craving for coffee, which is unusual [1]. Aversion to eating [2]; to anything which needs chewing [1]; to anything sweet or sour [1]; to meat [1]; especially to eggs [1].

Taste of Food: perverted [8]; lost [4]. Taste in mouth: "bad" [16] with offensive breath [1]; sour [7]; bitter [6]; putrid [3], with putrid odor [1]; ferverish [1]; salty [1]; metallic [2]; sweet [1].

Objective Appearances. Cracking of lips [9] and tongue [3]. Swelling of throat [1], tongue [2], and submaxillary glands [7], with increased salivation. Congestion of entire mucous membrane of upper passages; of gum [1]. Distension of stomach [2] and abdomen [8]. Enlargement of submaxillary glands [2]. Hemorrhoids.

Buccal Secretions. Saliva: scanty [8]; increased [5]; thick [18]; viscid [3]; sticky [13]; dry [1]; frothy [14]; white [3]; salty [1]; ropy [3]; like cotton [4].

Mucus: thick and sticky [6]; slimy [3]; tough and ropy [6]; frothy and watery [2].

Tongue Coatings: color not specified [10]; yellow [6]; white [10]; brown [2]; red coating on edges and tip [1]; "strawberry" appearance [15].

Stools Loose. Color: yellow [9-11]; yellowish-brown [5-19]; brown [5-5]; greenish [3-4]; whitish (creamy) [1]; not stated [26-47]. Consistency: chiefly watery [14-25], loose [11-15], soft [11-12], diarrheic [7-11], pasty [7-10], thin [6-4], mixed [5-5], or mushy [4-4]. Character: chiefly painless [11-17] (painful [3-3]), urgent or forcible [8-12], large in quantity [2-14] and of offensive odor [9-11] (non-offensive [1-1]). Accompaniments: pain before stool [9], during stool [9], after stool [1]; aching before stool [11], during stool [14]; soreness of anus [4-5]; smarting of anus [3-4]; burning in rectum [2-2]; straining after stool [3-3]; rumbling in bowels with increased peristaltic action [6]; flatulence [20]; nausea [1] and weakness [1]. Time: early morning [10]; forenoon [22]; afternoon [17]; evening [3]; night [2].

Constipated. Obstinate constipation induced in one prover. Color varied, chiefly yellow to brown. Consistency chiefly hard and lumpy [6], or dry [3]. Character chiefly small [7] and hard to pass [3] (large [2]). Accompaniments: no desire [2]; ineffectual desire [4]; oppressed feeling in abdomen [2]; increased persistaltic action [2]; straining and difficult expulsion [8]; soreness of anus [2].

Normal with Abnormal Accompaniments. Unusual urgency [2]. Explosive violence [1]. Burning in rectum during and afterstool [7]. Tenesmus [3].

Tissue Changes. Fever-sore on lip. Papule on gum. Pap-

ule on frenum of tongue. Small sores on side of tongue (2 provers); round cankers in mouth.

Curative Effects. One prover, naturally constipated, had very regular movements for three weeks while taking drug.

SUMMARY OF EXAMINATIONS

(Numbers refer to Provers.)

Perception for *sweet:* unchanged [3]; increased [7]; decreased [3]; lost [2] (prelim. exam. normal). Perception for *sour:* unchanged [4]; increased [8]; decreased [3]. Perception for *bitter:* unchanged [7]; increased [2]; decreased [2]. Tobacco tasted like cork. Taste of salt very disagreeable, almost causing vomiting. Considerable congestion about the rectum, especially the lower inch, was developed in one prover and attested by the examiner.

8. Genito-Urinary System

Sensations: of burning about pelvis [1], bladder [8], uterus [7], and urethra [7]; itching of vulva [2]; heaviness in pelvis [1] region of bladder [2], and lower abdomen [2]; bearing down in lower abdomen [4], bladder [1], ovaries [1], and uterus [4]; distension of bladder; soreness in pelvic region [2], bladder [1], and r. groin [1]. (See urination.)

Pain, of various degree and character, mostly sharp; in ovaries [12] (right [7], left [2], both [3]), uterus [6], lower abdomen [4], pelvis [1], region of bladder [1], scrotum [1], testicle [1], r. groin [2], back and thighs [2] (menstruation); and cardiac region [1] (with palpitation, accompanied with increased sexual desire). Aching: in region of kidneys [1], limbs [1] (during menstruation), lumbar region [4], pelvis and thighs [1], uterus and vagina [1].

Urination. Desire greatly increased [10]. Frequency increased [5]. Difficulty in urinating from inertia of bladder, great straining required [46]. Slowness very marked, with interrupted stream [37]. Size of stream small [14]. Force of stream markedly diminished [10]. Abnormal sensations during urination; pain in bladder [1]; as if urethra were constricted [1]; tickling in urethra [2]; urine hot [1] and burning [1]; burning in prostatic region and bladder [1]; burning at meatus [1]; burning in urethra [9], also before urinating [2] and afterwards [4]; pain extending up r. groin [1]; urging, with pain extending to testicle [1].

Sexual Sphere. Desire: Decreased [18] (female [16], male [2]); increased [2] (female [1], male [1]). Erections: during night [1]; lessened in morning [1]. Emissions: during sleep [10], with erotic dreams [5].

Menstruation. Interval: menses appeared before due in 5 provers, respectively 3 days, 2 days, 3 days, 2½ days, and 4 days. Pain: increased, in unusual degree, in lower abdomen[4], pelvis[4], back[2], limbs[1] and thighs[4], r. ovary[2] and uterus[11]. Sensation of dryness and openness of vagina, especially when walking. Accompaniments (unusual): great depression[1]; desire for solitude[1]; marked absence of sexual desire[4]; increased perspiration, especially on feet[1]; weariness in legs and lower part of body[1]; aching in sacral region and pelvis[1]; pronounced fluttering in l. ovary[4] (normal on exam.). Character: of unusually bright red color; bright red at first, becoming dark red, brown, and dark brown, with reaction acid at first becoming neutral. Quantity: more profuse than usual on first day, afterwards less than usual; increased flow[9], mostly in gushes, following increased pain[9]. Duration: lengthened in 3 provers, respectively 2 days, 4 days, and 1 day.

Leucorrhea. Slight discharge noted[3]; before menstruation glairy mucus like raw white of egg[3] — afterwards (unusual afterwards) like partially boiled white of egg[6], bland and without odor, becoming yellow[4] and stiffening the linen[4].

Condition of Parts. Scrotum shrivelled and drawn up tight and hard (relaxed at prelim. exam.). Penis small and relaxed[1-3] [a pretty constant symptom during proving. — D.]. Testicle hard and slightly enlarged. Testicle swollen and sore.

Curative Effects. Feeling of heaviness and congestion of uterus and lower position in pelvis which is usual during menstruation was entirely absent in period during which drug was taken. "Have not felt uncomfortable from cystocele or prolapsus since taking medicine (before had to lie down at least once a day for ½ hr. for last 4½ yrs., since last child was born)." [Retroversion (slight) unchanged, uterus smaller and less heavy than on prelim. exam., os less eroded and smaller, cystocele smaller, rectocele smaller — but nine days later uterus again heavy, cervix very dark red and congested, os dark red and larger, and cystocele and rectocele darker in color. — Ex.]

Summary of Examinations

Ovaries: slight tenderness of both ovaries[1-5] (began second day of menstruation, normal before and afterwards); slight soreness about l. ovary. **Uterus**: some prolapse; slightly congested and lower than usual; very sore to touch[1-3]; cervix seems sore as if ulcerated and hurts at each step when walking (better after four

days). **Vagina**: slight deepening in hue, no other symptoms; vagina very tender [1–7]. **Labia**: external genitals of slightly deeper color. **Meatus urinarius**, female: normal and unaffected during proving. **Inguinal glands**: l. inguinal gland slightly enlarged (normal upon prelim. exam.); slight enlargment of inguinal glands on each side.

9. Urine

CONDENSED SUMMARY OF ANALYSES

(Numbers here refer to Provers.)

Quantity on the Whole: unchanged [2]; increased [15]; decreased [15].

Specific Gravity on the Whole: unchanged [2]; increased [11]; decreased [8].

Odor: unchanged [6]; became offensive [7] (an odor like onions or garlic occurred several times and was never noticed before by prover).

Color: unchanged [4], but became turbid [3]; variable [1]; became lighter [1]; became darker [10] and brown [2].

Reaction: unchanged [8]; acid throughout, but becoming fainter [2]; became faintly alkaline [1].

Solids — total amount: increased [17]; decreased [5].

Phosphates: increased [6]; decreased [1]. Earthy: increased [4]; decreased [1]. Alkaline: increased [4]; decreased [1].

Sulphates: unchanged [2]; variable [1]; increased [7]; decreased [2].

Chlorides: unchanged [1]; variable [1]; increased [4]; decreased [5].

Urea: variable [2]; increased [11]; decreased [7].

Uric Acid: increased [8]; decreased [7].

Indican: Normal [8]; none [3]; traces only [4]; increased [2]; decreased [1]; violet color changed to red with test [2] (the feature in one case being the intensity of coloration with Jaffis' test, which only once was the characteristic violet while at other times brilliant reds appeared).

Bilirubin: None [15]; faint trace [1].

Albumin: None [11]; trace in prelim., none afterwards (no casts) [2]; slight trace in prelim. and throughout (no casts) [2]. Developed (none in prelim.) in 7 provers and 21 analyses, as follows: — trace once only; faint trace increasing somewhat throughout proving; slight traces in two specimens; traces for 8 days during proving; trace appeared in last three analyses; faint traces appeared towards the last; presence in last specimen marked.

Sugar: None [19].

Ratio of Total Solids to Salts: unchanged [2]; increased [3]; decreased [6].

Of urea to phosphates: unchanged [1]; increased [1]; decreased [5].

Of urea to uric acid: increased [8]; decreased [7].

Sediment. Bulk percentage: decreased [3]. Gross appearance: thinner [2]; brick-dust sediment [2]; small amount of granular material [1].

Microscopic appearance: elements increased [2]; decreased [3].

Bacteria: many [4]; numerous zoöglœa [2]; increased in last specimen [2]. Amorphous phosphates: Small amount [3]. Amorphous urates: disappeared [3]. Crystals: uric acid [9]. triple phosphates, many; ammonium-magnesium phosphates, a few [2]; Oxalates, a few [1]; calcium oxalate [6]. Casts: none [7]; mucous [3]; hyaline [1] (one only); a very few casts appeared [1] (one hyaline, one granular with one or two epithelial cells in it — none prelim.). Cells: corpuscles, red [4] (few); leucocytes [2]; pus cells, many [3], few [3]. Epithelia: squamous [2]; stratified [1]; small [1]; large [3]; from pelvis of kidney [2]; from bladder [3]; from vagina [2]. Spermatozoa [4]. Mucus: increased [5].

10. Blood

Condensed Summary of Examinations

(Numbers here refer to Provers.)

Color: darkened [2].

Consistence: thickened [1].

Flow: less rapid [3]; normal, then slow, but more rapid at finish [1]; increased [1].

Coagulation: unchanged [3]; more rapid [1]; retarded [1].

Hemoglobin (per cent): increased [7]; decreased [8]; decreased slightly during proving and increased markedly afterwards [1]; individual erythrocytes showed loss of hemoglobin [1].

Red Discs (no. per cu.mm.): increased [9]; first increased and afterwards decreased markedly [2]; decreased [6].

Ratio of Reds to Leucocytes: increased [6]; first increased then decreased [1]; decreased [6].

Leucocytes: increased [12] decreased [7]. Large mononuclear: increased [2]; decreased [3]. Lymphocytes, small: unchanged [1]; increased [10]; decreased [3]. Large: increased [1]. Transitional: increased [1]. Neutrophil cells: unchanged [1]; increased [3]; decreased [4]. Eosinophil cells: unchanged [1]; none throughout [1]; increased [1]. "Mast" cells: none; 3 per cent. towards close of proving but none previously [1]. Pathological forms (myelocytes, "Markzellen," etc.): none [2]; a few normoblasts discovered in one examination.

Blood Platelets (or plaques): increased [4] (in one slightly deficient in prelim. analysis and very abundant after meditation).

11. Bones and Muscular System

Pain: in various bones and muscles throughout body; slight [6]; character not specified [44]; stiff [2]; strong [1]; drawing [10]; rheumatic [3]; spasmodic [8]; migratory [3]; fugitive [1]; intermittent [2]; pulsating [2]; sharp [10]; rhythmical [1]; flitting [1]; sticking [1]; shooting [50]; twinging [3]; dull [52]; sore [5]; numb [3]. Aching [3]; in back [47]; in joints [5]; in lower limbs [5]; over entire body [2].

Sensations. Of stiffness in neck [5], extensor muscles of thigh [1], knees and other joints [11], back and extremities [1] and muscles in general [2]; restlessness [21]; lassitude [6]; fatigue [39]; heaviness [27]; weakness, in general [17], in legs [15], knees [4], arms [1], hands [2], and muscles of jaw [1]; uncertainty in walking [13] (see objective appearances); numbness in legs [1]; soreness of muscles [8]); tenderness in joints of knees and feet [3]; relaxation of muscles [1]; awkwardness of legs [1], arms [2] and hands [6]; lameness of wrist and elbow [1] and bruised feeling in legs and ankles [1].

Objective Appearances. Jerking and twitching: in general, disturbing sleep [4]; in muscles of extremities, especially of of legs [8]; in individual muscles, especially of legs [16]. Trembling: in general [1]; all down l. side [1]; in limbs [3-4]; in hands [5-5]. Uncertainty in walking: bumps against furniture, not from vertigo but from inert condition [1]; stumbles and falls to left [1]; staggers [1]; tends to stagger to right [1]; step unsteady and limbs do not readily respond in action [1]; cannot take long steps [1]; cannot walk fast, seems like motor paralysis [1]; knees give out with jerk in walking [2]. Swelling: in popliteal spaces [1]; feet [3]; ankles [1]. Contraction: from pectoral muscle down l. arm, continued through day [1]; cramps in l. hip, continued through day [1]; spasmodic contractions in all parts of body lasting nearly 1 hour [1].

Summary of Examinations

(By Physiological Examiners.)

Developed marked cramps at outset of initial fatigue which fully subsided on "recovery" of muscle and remained absent during balance of test. A few cramps appeared in tests for muscular fatigue. Onset of primary fatigue was more abrupt, otherwise no change. Greater sense of muscular fatigue at physiological test. Muscular fa-

tigue greater after test on one day. Endurance in test for muscular fatigue was increased.

12. Skin

Sensations. Dryness [44]; roughness [13]; smoothness (hard) [3]; heat [26]; itching [54]; sensitiveness [2]; coldness [3]; numbness [1].

Objective Appearances. Redness [22]. Perspiration: increased [5]; totally lacking [1]. Mottling [3]. Dandruff: increased [1]; decreased [1]. Hair, seemed to fall out more [1]. Eruptions (numbers hereafter refer to provers). Eruption: on face [1] and under lower jaw [1]; bright red, on covered parts [1]; vesicular, on flexor surfaces [1]. Erythema, on backs of hands [1]. Rash: on covered parts [1]; scarlet-like, on cheeks [1] and on arms and chest [1]; fine, papular on forehead and cheeks [1]; petechial, becoming pustular, on covered parts [1]. Macular spot red, with soreness, pain, and swelling, on end of nose; macular, papular eruption [1]. Papules fine, on calves, ankles, and wrist [1]. Pimples on forehead, face and eyelids [6]. Pustules on fingers [1]. Furuncle on back [1]. Herpes on lips [3].

Summary of Examinations

Pimples on forehead, face, and scalp, appeared on 7th day of medication and persisted for 10 days. A papular eruption over sternum (never experienced before) lasted 4 days. Great dryness of skin over entire body, with total lack of perspiration even after exercise and hot drinks, continued for 10 days but subsided rapidly on discontinuing drug. Appearance of fingers and skin as if poisoned by ivy, with itching extending over entire body and rash over stomach and back on the 3rd and 4th day, the whole condition lasting 4 days. In a prover with pre-existing icthyosis and keratosis pilaris there occurred a general aggravation of these skin lesions with a general hyperemia, more aggravated where there was most pressure. A macular and vesicular eruption appeared upon face, the macules bright yellow, size of pea, and disappeared after 2 days; 3 macules appeared on back similar to those on face; the papules came and disappeared soon, a few becoming pustular, were very small, of pinhead size, red only on papule proper with no areola around them and, as to location, were well distributed; upon the back small papules appeared corresponding to those on face, but no subjective symptoms as to itching, stinging, burning, etc., were mentioned.

13. Tissue Changes

(Numbers refer to Provers.)

Pimples: on forehead [3], face [1], and eyelids [2].
Papules: on gum [1] and frenum of tongue [1].
Pustules: on canthus of eye [1], within anterior naris [1] and on fingers [1].
Sty: on upper lid.
Furuncles: in nostril [1] (?) and over scapula [1].
Ulcer: on nasal septum [1] and round cankers in mouth [1].
Inflammation: at end [1] and in alæ of nose [1].
Herpes: on lips [3].
Glands: submaxillary swollen [2] and enlarged [1].

14. General Systemic Conditions

Sensations. Heaviness [8]; dulness [9]; indolence [14]; weakness [38]; pulsation [2]; "toughness" as after a spree [4]; general malaise, as on verge of illness [8]; irritability [6]; restlessness [17]; nervousness [18]; sensitiveness to drafts and cold air [3]; chilliness [31]; feverishness [14] (perspiration increased [5]).

Sleep. Drowsiness of unusual degree in daytime [30]; slept more than usual in daytime [15]; troubled sleep in daytime [1]; slept too heavily [2]; sleepy on waking [1]; difficult to get to sleep at night [5]; sleep disturbed during night [8], by dreams [7], by restlessness [23], or by twitching and jerking [4–4]; slept poorly [25]; wakeful at night [5]; sleep much broken [7]; "could not sleep all night" [1]; sleepless from heavy and uneasy sensation all over body [1].

Body Weight. Unchanged during proving [1]. One prover gained $1\frac{3}{4}$ lbs. in first 15 days of proving and lost 2 lbs. in last 3 days. Three provers lost weight during the proving, resp. 2 lbs., 3 lbs., and 4 lbs.

NOTE

Regional conditions, and especially Sensations and Modalities, apart from those included above, cannot be summarized in general terms without losing much or most of their value. The only really practicable method of condensation as applied to these sections is, therefore, to cull from them such symptoms as may be considered most important or valuable in their original form, and to reject all others. To do this in a work of this scope is not deemed advisable. These three sections will be found complete at the end of the larger systemic schema.

CHAPTER VII

THE EFFECTS OF BELLADONNA UPON ANIMAL TISSUES

AN EXPERIMENTAL STUDY BY SOLOMON C. FULLER, M. D.

(From the Laboratory of the Westborough Insane Hospital, Westborough, Mass.)

INTRODUCTION

THE work here reported was undertaken to determine, in a general way, the gross and histopathological lesions which appear after the administration of Belladonna tincture to animals. To observe and record the constancy of the lesions, with the order in which they occur, together with the objective symptoms of the animals under the influence of the drug, and to separate, where possible, the effects of the menstruum from those which could be properly interpreted as the results of the drug action, were the special tasks set before us. For this study four varieties of laboratory animals were chosen,—rabbits, guinea pigs, cats, and dogs.

In every instance the drug used was from the same source as that supplied to the various provers in different parts of the country.

It may be noted with surprise that, in these experiments, large doses have been the rule. After a trial of smaller doses it was deemed necessary that, in order to produce anything which could be objectively recognized as pathological symptoms, large doses must be given.

It was noted early in the work that rabbits exhibited a marked tolerance for this drug. At first it was the custom to inject the tincture directly into the circulation by way of the marginal veins of the ears. In our first animal so treated the suppuration which followed at the seat of injection led us to discontinue this procedure. The drug was then administered in the food. The animal, at first, did not take kindly to the admixture, but, no other food being offered, was forced through hunger to eat what had been placed in the cage. The medicated food was then taken sparingly, followed by what seemed a mechanical irritation of the buccal cavity and, later, by increased thirst. After a few such feedings the aversion to the drug was entirely overcome and, in its place, a decided fondness was apparently developed.

The great tolerance of rodents to the drug in large doses and over comparatively long periods led us to discard them as unsuitable for the obtaining of satisfactory answers to the questions

which confronted us. However, the subsequent microscopical study of a guinea pig which had received but two doses of the tincture, though large ones, compelled us to modify our views as to the suitability of this class of animals for such study. On the other hand, the amount of tincture which cats and dogs could receive without fatal results, although attended by profound constitutional disturbances, was far greater than we had been led to suppose from the literature on poisoning by Belladonna.

I must acknowledge the helpful suggestions and criticisms, throughout the course of this work, of Dr. H. P. Bellows, the general director of these provings, and wish to thank Drs. C. J. Huyck and W. W. Coles for assistance in working out some of the details so necessary in a study of this character.

Experiments

Experiment I. A healthy, white, female rabbit, weighing 4 lbs. 7½ oz. (1927 gms.) received July 12, 1902, at 10:10 a. m., 20 minims of ϕ by way of the marginal vein of the right ear. Two hours later the only reaction noticed was a congestion of the ear and an increase in the number of respirations, the animal in the meanwhile kept quiet in the corner of the cage. An hour later there appeared to be dryness of the buccal cavity and pharynx as evidenced in the repeated dry swallowing and the frequency with which a little water was taken.

July 14, 1902, 100 minims were injected into the circulation, — 80 minims by way of the marginal vein of the right ear and 20 by the marginal vein of the left ear. Axillary temperature at this time 102.5 F. Two hours after the injections there was no apparent effect. The next morning the floor of the cage and the sawdust bedding were quite wet from excessive urination.

July 16 it was noted that, at the places of the last injections, there was beginning suppuration beneath the skin of the ears, more marked in the right than in the left. The injections, for this reason, were not continued. Food was now taken sparingly and thirst was prominent. On this date 60 minims were mixed with the food (turnips), which the animal would not at first eat. When no other food was offered, a few pieces of turnip were taken, and subsequently all of it. The medicated food at first produced what appeared to be irritation of the mucous lining of the mouth and pharynx, for the animal frequently stopped eating to take a little water. Doses from 70 to 200 minims were given each day for 5 days, when the aversion to the drug seemed entirely overcome and in place a fondness substituted. Increased urination kept pace with the amount of water ingested. Excretion of fecal matter was diminished, and save for an apparent weakness, most marked in the hind

legs, following on the 4th day of the feedings, there was nothing else in the way of objective symptoms that could be directly traced to the drug. This weakness of the hind legs was, however, only transient. Meanwhile the suppurative process of the left ear showed signs of healing, while that of the right progressed, the pus burrowing down beneath the skin of the neck, right shoulder, and back. The appetite was not affected, but following the feedings the animal usually appeared abnormally droopy. One injection of 15 c.c. of ϕ was given beneath the skin of the abdomen on the 13th day of the experiment, but no profound constitutional symptoms developed. An irritation of the seat of injection lasted a day. The animal, however, emaciated more rapidly after this large dose, but the appetite seemed more insatiable, smaller doses being mixed with the food meanwhile. The suppurative process increased, and the animal died on the 18th day of the experiment.

ABSTRACT OF AUTOPSY PROTOCOL

Brain and cord: congestion.
Lungs: congestion.
Kidneys: parenchymatous nephritis; anemic.
Liver: congestion; diminished consistence.
Stomach and intestines: congestion.
Spleen: congestion.
Other lesions: pus cavities beneath the skin of both shoulders, and a chain of suppurative processes extending almost the entire length of the spinal column beneath the skin of both sides.
Smears demonstrate pus and a coccus; cultures staphylococcus albus.

Experiment II. Cat I. A young adult female cat, pregnant, though apparently not at full term, received July 30, 1902, 15 c.c. of the ϕ beneath the skin of the abdomen, right side, which was followed by a marked hebetude and refusal of food for 24 hours. During the day of July 31 there was noted frequent straining as though attempting micturition or parturition. By August 1 there was apparent recovery from the dose.

August 2, 10 a. m., the animal received 15 c.c. of the ϕ beneath the skin of the abdomen, left. This dose was followed in 10 minutes by restlessness and almost constant opened condition of mouth. The respirations, which just before the dose were 20 per min., were 20 min. later increased to 180 per min. During the remainder of this day there was great restlessness, and refusal of food, although water was occasionally taken, and the straining was again noticeable.

August 3 the animal was quiet and took a little food.

August 4 two kittens (alive) were found in the cage. The experiments were discontinued until September 9, 1902, when

at 2 p. m. on this date 6 c. c. were given by mouth (the mouth of the animal held open and the ϕ fed with a spoon). The reaction to this dose was a droopiness, frequent dry swallowing, increased thirst, and refusal of food.

September 11, 6 c.c. were fed in a similar manner, but on this date some of the drug entered the larynx, so this method of administering the ϕ was abandoned. As after the first dredging, for 4 days the appetite was poor and the animal was weak. On the 5th day, when the animal appeared recovering, 10 c.c. of ϕ was administered beneath the skin of the abdomen, followed by restlessness and aphonia (while the animal was evidently attempting to mew, the voice was not audible) which was further followed by a pronounced hebetude. The usual effect, if a day or 2 days were allowed to intervene between doses varying from 10 to 15 c.c., was, first, a droopiness bordering on a stuporous condition, during which there was refusal of food, and then a rapid improvement.

When on September 26 the dose was suddenly increased from 16 to 30 c.c., the reaction 2 hours later was great excitement. The animal ran around its cage scratching and biting at the grating, bumping into corners, and acting in every way as though blind. This was done for 2 or 3 min. and then the animal would fall over on its side, the breathing would be slow and superficial, the eyes opened, and the pupils widely dilated, and for a few seconds there would be apparent death. Following upon this there would begin another period of excitement, to end in the same manner as described. The recovery was gradual. Subsequent similar doses produced like results with the addition of temporary paralysis of hind legs and the development of general convulsions at the height of the reaction. Doses of 33 c.c. were continued over a period of 7 days, when the animal succumbed. There had been, however, some sloughing of the skin at two of the seats of the large injections, one of which had shown signs of healing before death.

Abstract of Autopsy Protocol

Brain and cord: slightly congested and diminished in consistence.

Lungs: congested and emphysematous; the superior lobes of both lungs were emphysematous and presented several air blebs varying in their greatest diameter from 4 mm. to 1.5 cm.

Trachea and larynx: normal.

Heart: dilatation of right ventricle; degeneration of myocardium; flabby muscle.

Liver: hypertrophied. The cut surface presented a golden yellow appearance, mottled with small, soft, reddish-brown areas; except for these areas, the smallest of which may be

madè out as occupying the centre of the lobules, the remaining portion of the organ seems to be increased in consistence.

Spleen: enlarged, soft, and reddish-brown in color.

Kidneys: parenchymatous nephritis.

Stomach: gastritis.

Intestines: normal or, at most, only a slight congestion of the mucous membrane.

Bladder: distended with urine, of a reddish-yellow, smoky appearance, which on examination showed albumen. Microscopical examination of the sediment revealed epithelium, bladder and renal, hyaline casts, red blood cells and leucocytes. Some of the casts had red cells attached. The areas which had been injected showed no pus whatever.

Experiment III. Young adult male cat received beneath the skin of abdomen, August 6, 1902, at 1:30 p. m., 30 c.c. of ϕ. One and ½ hours later there was blindness, wild excitement, and a low-pitched mewing, which later became aphonic. At 6:30 p. m. of the same day there was complete paralysis of the hind legs. The animal repeatedly attempted to rise from its fallen position, and although the fore legs made every effort and could even raise the fore part of the body, the hind legs could not be moved. The next day there was great thirst, but all food was refused, even milk. On the 8th, 2 days after injection, there was, apparently, entire recovery. On the 14th, 8 days after the first injection, 24 c.c. were injected beneath the left flank, when the same symptoms supervened, with the addition of convulsive attacks in the period of greatest excitement. These attacks of excitement were followed by coma-like periods of from 3 to 4 min. duration, which strongly simulated death, succeeded by another cycle of excitement, convulsions, and coma. Two such cycles occurred in a period of 2½ hours. After this injection a bloody, offensive diarrhea developed. Two consecutive injections of 28 and 30 c.c. on the 19th and 20th respectively, reproduced all the symptoms described above with greater intensity. The thirst particularly was very marked, the animal became very weak and emaciated rapidly, and the diarrhea was especially aggravated after ingesting the smallest amount of food. During the 4 days following this injection the skin over the seats of injection began to slough. On the 26th one of the ulcerated areas began to show signs of healing. For the next two days emaciation and weakness were so marked that it was deemed best to produce death by means of chloroform narcosis.

ABSTRACT OF PROTOCOL

The first abscess which appeared had healed; the two which remained, 10 × 7 cm. and 6 × 4 cm. respectively, were confined

largely to the skin and involved the subcutaneous tissues but slightly. They were more truly areas of coagulation necrosis.

Brain: markedly congested, and there was opacity of the pia.

Heart: the muscle was pale, flabby and diminished in consistence.

Liver: enlarged (125 gms.), congested, soft.

Kidneys: parenchymatous nephritis (combined weight 44 gms.).

Spleen: enlarged, congested, soft (37 gms.).

Larynx and trachea: congested.

Experiment IV. Guinea pig, weight 140 z. (397 gms.). Young adult in good condition. July 23, 1902, 2 p. m., 10 c.c. ϕ beneath skin of abdomen. Half an hour later the animal was breathing rapidly, with abdomen drawn in and back arched and it appeared frightened, although it was little inclined to move about. At 3:30 p. m. breathing was more laborious. The animal was unable (at this time) to stand; the hind legs seemed to be weakest. At 4 p. m. while under observation the animal had a series of convulsive twitchings, not unlike the grand mal of epilepsy. After these convulsions, which covered a period of about 8 min., the animal got up and under great excitement ran around in its cage, biting its feet and the sides of the cage. The gait, however, was somewhat tottering, and the back arched and abdomen drawn.

July 24. Animal apparently almost as well as before the experiment began.

July 25. Animal to all appearances completely recovered. 9 a. m. 15 c.c. ϕ were then given hypodermatically. Half an hour later, respiration greatly increased, 86 per minute. All symptoms of the preceding administration, except the convulsions, were repeated, but their intensity was greatly diminished and passed off more rapidly, so that by the next day, July 26, the animal seemed entirely recovered.

July 29. The seat of last injection shows signs of sloughing, which it later did, causing a linear raw surface across the entire abdomen about 5 cm. in length. This, however, rapidly healed so that at the time of death, August 17, the scar was beginning to be covered with hair. On this date the animal was found dead in its cage.

Autopsy showed congestion of lungs, liver, testicle, and brain. Other organs presented nothing worthy of note in the gross.

Experiment V. Young adult brindle bull bitch.

September 17, 1902, 11 a. m. 25 c.c. hypodermatically. At 5 p. m. no apparent effect save a drawn abdomen and irritation at seat of injection.

Next morning, September 18, animal seemed apparently nor-

mal. September 26, 30 c.c. were administered beneath skin of l. flank, followed by vomiting, shivering, and whining. For 4 days there was apparent chilliness, for she appeared relieved of much discomfort when covered with a blanket. Thirst increased. These symptoms lasted 3 days. In 4 days entire recovery.

October 1, 1902. 30 c.c. were given hypodermatically, with repetition of the condition following injection of September 26. Complete recovery in 4 days.

100 c.c. ϕ were concentrated on sand bath to 10 c.c. and the whole given on October 28, 1902, at 10:30. The reaction did not appear any greater save for a restlessness, while previously hebetude had predominated. 50 c.c. were concentrated to 10 c.c. on a sand bath and given at 1:45 of same day. Immediately the animal ran around in a circle, apparently greatly annoyed by the irritation produced at the seat of injection.

Next day, October 29, the animal was to all appearances absolutely normal.

November 3, 1902. 40 minims in food, absolutely no effect.

There was an intermission from this date to January 21, 1903, 12 m., when 66 c.c. were given hypodermatically, followed immediately by vomiting. Within an hour there was excitement, a weak, tottering gait, and evidence of blindness, and, later, marked inco-ordination of locomotion. The injections were now rapidly increased to 88 c.c., and they were followed by an increased intensity of all the above observations, thirst being most marked. There was almost constant micturition, later a constant dribbling, bloody, offensive diarrhea, some emaciation, and entire refusal of food developed. During this last series of injections, which covered a period of 4 days, 297 c.c. were administered, to which the animal succumbed.

Autopsy

Edema of subcutaneous tissue of abdomen, lobar pneumonia of r. lung, l. lung emphysematous.

Heart: dilated, r. ventricle muscle very friable.

Liver: enlarged, congested, very friable, markings indistinct.

Spleen: enlarged, congested.

Kidneys: congested.

Stomach: gastritis, gastric ulcers.

Intestines: congested throughout; the large intestine showed numerous small ulcers.

Bladder: cystitis, distended with milky urine which was negative for albumen.

Brain: congested, cord also, but in a less degree.

Experiment VI. Dog No. 2, young adult fox terrier bitch.

This animal was begun with large doses, later increased, and the drug administered daily.

January 6, 1902, 33 c.c. were given. Vomiting immediately followed, *i. e.*, within 5 minutes. One hour later excitement, blindness, motor weakness and great thirst developed. Refused food.

January 7, 33 c.c.; increase of all previous conditions, refused food.

January 8, 33 c.c.; repetition of condition. Bloody diarrhea begins. Refused food, and emaciation progressed.

January 9, 44 c.c.; repetition of all symptoms with greater intensity.

January 10, 44 c.c. Same conditions and grew weaker.

January 11, 33 c.c. Same condition.

January 12, 60 c.c., followed by the wildest kind of excitement until the animal fell exhausted, to begin again her mad circling around until again exhausted. In the meantime, offensive, bloody, diarrheic movements were frequent, and there were evidences of blindness.

Because of the development of sloughing at seat of injections, animal was killed by a blow on head.

AUTOPSY

The sloughing of skin of abdomen was confined to skin with one exception, where the underlying muscle was slightly involved (necrosis).

Lungs: apparently normal.

Heart: muscle pale and flabby.

Liver: enlarged, congested, soft.

Spleen: nothing worthy of note.

Kidneys: congested.

Stomach: mucous membrane congested.

Intestines: congested throughout, the ileum presented several small, circular, hemorrhagic areas.

Bladder: distended with brownish-red urine which was negative for albumen and casts.

Brain: congested.

Cord: no gross lesions.

Experiment VII. — Adult male brindle bull, blind in one eye but otherwise normal; weight 43 lbs. (9.4 kilos).

March 17, 1903, 36 c.c., followed immediately by retching but no vomiting. Two hours later, continuous barking and whining, evidence of blindness, and at 6 p. m. the motor weakness was so great the animal could not take more than three steps without falling.

March 18, refused all food, but drank during the day, approximately 3000 c.c. of water.

March 19. The animal was still weak, but recovering and would eat a little raw meat. At 1 p. m. 12 c.c. ϕ hypoder-

matically, which produced all the symptoms of previous dose and with equal intensity. The thirst for 3 days following was as great as previously. The animal refused food and lost in weight. Later, however, the weight was entirely regained and the animal was again in good condition when on April 8 at 1:10 p. m. 72 c.c. were given hypodermatically. At 3:45 p. m. the reaction was at its greatest height, respiration rapid, irregular, and labored, 215 per minute, excitement marked, blindness and unsteady gait, continuous yelping. The animal was killed by a blow on the head.

Autopsy

Congestion of all internal organs, some emphysema, otherwise no gross lesions.

Abstract of Control Experiments

In order to control the work, microscopical examinations were made of the tissues of a rabbit, a guinea pig, and a cat which were normal, and the tissues of two cats, a dog, a rabbit, and a guinea pig which were also normal, but had received the officinal homœopathic alcohol in doses similar to the Belladonna ϕ administered to the other animals.

The microscopical examination of the tissues of the normal animals offers nothing of interest and were only a check on the work. Those animals which received the officinal alcohol showed, to be sure, the usual lesions of alcohol intoxication. In the ganglion cells of the cortex, chromatolysis was the most distinctive feature. In the case of a dog where the alcohol was administered in large doses over a week and the animal killed, an acute parenchymatous nephritis, marked congestion of liver, spleen, and brain were the chief histological features. Where the alcohol was administered in more moderate doses over a long period in a cat, beginning interstitial hepatitis and early proliferation of the interstitium of the kidney were observed. The microscopical changes in the rabbit and guinea pig were less marked.

Abstract of Microscopical Record

Pathological lesions were found in the brain, in the lungs, heart wall, stomach and intestinal walls, in the liver and in the kidneys of the animals which had received the ϕ of Belladonna.

In the brain the histological picture varied from a simple congestion, as was the case in Experiment 7, to an active inflammatory reaction, infiltration of the pia with lymphoid and plasma cells and small inflammatory foci in the cerebrum. In the latter case the inflammatory process was usually in the region of small vessels, and the exudate consisted of lymphoid cells, polymorpho-

nuclear leucocytes, plasma cells and red cells, the various cellular elements predominating in the order given (Figs. 1, 2, 3, Eosin-Methylene Blue staining).

Some of the blood vessels in the inflammatory foci showed a homogeneous content which stained palely and diffusely with eosin, which were interpreted as hemolysis of erythrocytes. In the brain sections from the frontal areas of the cats and dogs experimented upon were cut at right angles to the sulcus cruciatus, at right angles to the middle portion of the sulcus lateralis in the parietal region, from the post. Poles of the cerebrum and from the cerebellum, medulla, cervical, thoracic, and lumbar cords. These blocks of tissue were fixed in alcohol and the sections stained by the Nissl method. Similar blocks of tissue were fixed in Zenker's fluid, imbedded in parafin and stained with eosin and methylene blue. In the frontal sections the large ganglion cells present varying degrees of chromatolysis, many are swollen and darkly stained, others considerably distorted showing a somewhat honeycombed appearance with clear white spaces and eccentric nuclei. Blood vessels are everywhere engorged, their walls in many instances infiltrated. There is some glia proliferation, particular in the cortex, for rather large glia cells are numerous (Nissl sections). In the Zenker sections the pial infiltration and inflammatory foci are better brought out, as seen in the figures already referred too. In the cord sections the cervical area presents no striking departures from the normal, while the lower dorsal and lumbar segments exhibit a heavily staining condition of the anterior root cells, dislocation of the nuclei and swellings and distortions. This was particularly noticeable in Experiments 2, 4, 5, and 6. The posterior root cells seemed normal.

In the heart muscle the characteristic changes are fragmentation of the muscles and infiltration with polymorpho-nuclear and lymphoid cells (Fig. 4), although the condition was not very pronounced.

In the lungs, aside from congestion and, in some instances, edema, the most constant lesion is emphysema, which is shown in the low-power photo-micrograph of a small emphysematous bleb from Experiment 2 (Fig. 9).

In the liver the pathological process, which is dependent in great measure upon the length of time the drug has been administered (except in Experiment 4), ranges all the way from a simple cloudy swelling and fatty degeneration of the liver cells to a central necrosis and, in some sections, to a complete necrosis of liver lobules (Figs. 5 and 6).

In the kidneys the changes were essentially those of a parenchymatous nephritis. In most sections the destruction of the tubular epithelium, the disappearance of nuclei and the congestion are marked. To be sure, there was a similar picture pro-

duced in the kidneys of animals to which alcohol alone had been given, but in no case was the degenerative process so marked (Figs. 8 and 10).

In the stomach the typical reaction of a gastritis was present. Most of the cells of the glands are either entirely destroyed or are represented by a small mass of finely granular material, only the parietal cells remaining intact (Fig. 7).

In the intestines, particularly the ileum and colon, there are not only areas of hemorrhagic extravasation, but actual necrosis of tissue, which take the stain poorly.

The pancreas and spleen show nothing of interest save a marked congestion, except in Experiment 5, where there is a proliferation of the splenic pulp, many mitotic figures being observed.

Summary

Tincture of Belladonna, when administered to animals as described above, develops fairly constantly pathological lesions easily demonstrable. In the brain an acute cerebritis may be induced. In the cord profound disturbance of the ganglion cells of the interior horn follows constantly, as shown not only in the paresis which is present in all cases but also in the histological pictures.

In the heart an acute interstitial myocarditis seems the rule.

Emphysema certainly has been the typical feature of the lungs in this study.

In the liver the largest percentage of the experiments have shown destruction of the hepatic cells.

In the gastro-intestinal tract, gastritis and entero-colitis and ulceration of the gut and stomach wall have followed the administration of the drug.

APPENDICES

APPENDIX A

PRESIDENTIAL ADDRESS

THE RE-PROVING OF THE HOMŒOPATHIC MATERIA MEDICA FROM THE STANDPOINT OF A SPECIALIST[1]

By Howard P. Bellows, M.S., M.D., Boston, Mass.

Ladies and Gentlemen: — It is my privilege, as well as my duty, to address you to-day, in accordance with our annual custom. Our usage in relation to this address accords me perfect freedom in the choice of my subject. In these days of progressive thought and inquiry, of experimentation and deduction, of changing theories of practice and new surgical and therapeutic methods, subjects of suitable nature are not far to seek. The difficulty of choice lies rather in culling out from among the number which thrust themselves forward some one subject which best befits our attention. Two things abide uppermost in my mind in this connection: first, that we are homœopathists, and, second, that we are specialists. I am impelled to choose for my subject, therefore, one which is distinctively our own; one which demands our best thought and wisest discussion; but one whose breadth and bearing is such that it concerns not alone our individual advancement as specialists, but that of our entire homœopathic school and the general progress of scientific medicine. Let us come, then, close to the root of the tree which bears our fruit and whose spreading foliage and goodly proportion is our delight and pride, but whose exuberance of growth demands judicious pruning. My subject is "The Re-proving of the Homœopathic Materia Medica from the Standpoint of a Specialist."

That such re-proving is desirable is a patent fact to the tyro in homœopathic practice. That it is an actual necessity is equally apparent to the man who strives for the greatest accuracy and the largest measure of success in his prescribing. The general practitioner and specialist alike feel in every day's experience the lack of precision, the verbiage, and the minor inaccuracies of our present materia medica. No thought of condemning it enters the mind, — to cast it aside is not to be considered for an instant; we owe to its guidance, with all its imperfections, the best successes of our professional career; we still believe it to be the best therapeutic guide in the world to-day; and therefore our whole impulse is to cherish it, but at the same time to improve it, applying ourselves to this purpose with a zeal which is exactly commensurate with our recognition of its imperfections.

[1] Delivered before the American Homœopathic Ophthalmological, Otological and Laryngological Society at Washington, D. C., June 16, 1900.

The principal objects to be attained by such re-proving are, in the main, a greater discrimination and accuracy in both the observation and the description of whatever drug-effects may be developed; a more perfect elimination of all sources of error in confusing drug-effects with constitutional disturbances or temporary derangements of health from other causes; a restoration of the natural sequence or grouping of drug-effects as indicated in different organs and tissues of the body; and, as the result of all this, the presentation of a definite, precise, sharply defined statement of the pathogenic sphere and mode of action of each remedy studied. The effort of the past has been to expand our materia medica by the accumulation of many varied symptoms, with little check upon the vagaries of the imagination. The effort of the future should be to eliminate and condense with scientific and judicial accuracy.

The promise of success in the attainment of these ends by the re-proving of our materia medica does not lie in any superior acumen which we possess over the original provers, or in any greater intellectual capacity, breadth of oversight, or power of mental grasp. It does lie mainly in the fact that we possess an armamentarium, to be used in our research, which was not in existence in the days of those who framed the materia medica as it comes to us. I refer to the many instruments of precision which have become so familiar to us from daily use, but which were not even dreamed of by the fathers of homœopathy. May we not reasonably expect to secure a degree of accuracy in the observation of drug-effects which was impossible in the original provings when we employ such instruments as the modern ophthalmoscope and microscope and even the X-ray in our physical examinations — to say nothing of modern urinary and blood analyses and our many delicate but reliable functional tests? What the modern laboratory method of research has done for physiology and pathology in the hands of our colleagues of the old school we may reasonably expect a similar method to do for us, in our school, in developing the science of therapeutics which is our peculiar field of medical study.

Just here we come to the function of the specialist in drug-proving. It is beyond the range of human possibility for any one man to properly observe and record and analyze and interpret all the symptoms which may arise throughout the organism in the course of a scientifically conducted proving. It is in like manner impossible for any body of men, who are possessed of similar acquirements and the same technical training, to do this work as it ought to be done to meet the requirements of modern scientific methods. But given a body of men whose acquirements are dissimilar, whose training in the use of modern diagnostic instruments covers all the organs of the body, whose powers of observation are quickened and trained each in a different direction, whose ripened experience in diverse fields of pathology gives them a power to analyze the significance and trend of abnormal systemic and functional disturbances, and with such a force of observers the methods of modern science can be applied and put to the test in the homœopathic proving of drugs.

To carefully observe and faithfully record is not enough for our present requirements. That was the method of the past, and it was carried out by laymen, and by physicians who were noting their own personal symptoms. The results, as we have them in our present materia medica, are sometimes garrulous, sometimes scanty and insufficient, and very often misleading. It would have been of immense advantage to us could these symptoms have been passed upon by some persons other than the provers themselves, some physicians with specially trained powers of observation, who could apply physical tests, who could judiciously question and so determine the relation of associated symptoms, who could eliminate errors and the workings of the imagination, and who could, in some instances at least, not only state in scientific terms the facts and conditions noted, but out of their knowledge and experience could give them physiological and pathological interpretation which would bring them more directly into relation to the cure of disease. Who would think of prescribing for a patient who states his symptoms to us without first questioning him? Our knowledge of his condition is by no means derived from his statements alone. We chiefly judge from his answers to our questions in regard to the disease for which we are to prescribe and the remedy which we are to select. The preliminary statements volunteered by the patient in regard to his symptoms serve us mainly as simple guides in determining the direction of our questioning. The symptoms most characteristic of the condition present, and those most valuable to the prescriber from a practical standpoint, are often not referred to at all by the patient. It is the universal custom to thus elicit knowledge of the disease by questions before attempting to prescribe, and to the information thus derived we add all further information which we can obtain by means of physical examination. The more competent the examiner in learning, experience, and technical skill, the truer will be the picture of the disease obtained. Suppose we were dependent for our knowledge of pathology upon the voluntary descriptions of patients, laymen, who had been sick with various diseases. How meagre it would all be, and how little to be trusted as a store of working knowledge! And were the symptoms and governing conditions of disease described by physicians who were themselves ill, we all know the liability that the results would be even less accurate, from a scientific standpoint, than in the case of the laity, — so often is the physician's judgment and clearness of observation biassed by his own sickness. We concede at once that these methods would fail utterly as a foundation for any adequate knowledge of pathology, and yet have we not been depending upon precisely the same method for obtaining our knowledge of the homœopathic materia medica? Our long lists of recorded symptoms — the supposed effects of drug action upon the human organism — are either the voluntary statements of laymen in regard to their sensations and pains and mental states and various governing conditions without any guide whatever to their observation and deduction, or else they are the records of personal experiences on the part of physicians who are sick to the extent of the drug's action and whose knowl-

edge of physiology and pathology, when applied to their own symptoms, is liable to guide their observation and deduction erroneously. Does not the same principle which demands that the patient be questioned and physically examined before his pathological state can be truly determined also demand that a prover be judiciously questioned and properly examined by physical and functional tests before an accurate picture of drug-effects can be obtained? Let us gain our knowledge of the homœopathic materia medica in the same manner, with the same guides and guards and with the same precision that we employ in obtaining our knowledge of pathology. Then, and not till then, will one science become the fitting companion of the other.

A patient once came to me and, with nice distinction of language, complained of a noise within his ear, especially when moving the jaw, which sounded like "the bending of a piece of cloth which had been frozen." In the proving of Eupatorium purpureum I find recorded among the ear symptoms, "crackling like burning of birch-bark; very much increased upon swallowing anything." In the case of my patient simple inspection of the external canal and drum-head, with a suitable speculum and proper illumination, revealed the fact that this symptom was caused by a short length of hair, recently cut by a barber and blown within the meatus, which rested with one end upon a mass of wax on the side of the canal and rubbed against the surface of the drum-head with the other free end. Was the symptom in the Eupatorium prover caused by a similar means? Inspection would have settled that point at once, and nothing else could except inspection. How about all the symptoms of rustling and fluttering and snapping, to say nothing of the crackling noises, which are recorded under eleven other remedies besides Eupatorium? Perhaps half of these were caused by foreign bodies, exfoliated epithelium or inspissated cerumen, within the canal. In that case, which half? One thing, and one only, could have shown, and that is local examination. Under ten different remedies we find a record of crackling noises in the ears, either when swallowing, when moving the jaws, when reading aloud, when chewing, when eating, or when blowing the nose, and also, under still another remedy, the symptom, "hardness of hearing relieved with a crack." Are these symptoms due to conditions of the Eustachian tube or to states of the external canal? How simple a matter to determine for one skilled in such interpretation, and how helpful to our understanding of the remedial sphere of action of the drug in question! There are numerous records of pains within the ear, aching, tearing, rending, cutting, stitching, and shooting. Were these pains neuralgic or inflammatory? Probably partly of one kind and partly of the other, but which kind belonged to which remedy? Inspection would have shown, but the ears were not inspected. Many sorts of tinnitus aurium are recorded. Which were due to throat conditions, which to circulatory disturbance, and which to actual pressure in the external meatus? The interpretation of the associated symptoms present and one or two functional tests would have settled the point, which otherwise remains unsettled. Foul states of the ear are recorded, but what is

there about the condition of the tissues involved? From the character of the pus and exudations mentioned we can only surmise the presence of caries, or granulation tissue, or polypi, when we ought to know for a surety, and might know had an aurist properly cleansed and examined the parts. Instances may be indefinitely multiplied, not only in the case of this one organ, but in that of all organs throughout the body which are capable of special examination and specialized study.

It would seem, then, that, as a modern, scientific method of drug-proving demands that the individual provers be subjected to judicious questioning in regard to the symptoms which they record, and to adequate tests to determine their physical and functional state, and as the majority of such examinations can best be made, and some of them can only be made by physicians of special training, the work of conducting drug-provings in future should rest largely in the hands of organized bodies of specialists. On the other hand, it is obvious that the general supervision and direction of such provings should be vested in the hands of either a general practitioner of the largest possible experience or in those of some specialist whose knowledge of the spirit and methods of specialists is supplemented by a large and broad previous experience in the general practice of medicine. This is absolutely essential in order that each proving should proceed from the broadest generalization to the closest study of particulars — the general systematic action of the drug never being lost sight of in its particular effects upon individual organs. Only one with wide personal experience in general medicine, and with a large and comprehensive grasp of materia medica in its generalities and broad characteristics, can properly assume the direction of a scientific drug-proving; but the corps of trained specialists and of laboratory experts for blood, urinary, and possibly bacteriological examinations and physiological tests are also indispensable to the most complete results.

And now let us speak of one whose rôle in the scheme of drug-proving which we are unfolding is of greater practical importance than that of either director or examining specialist, and that is the prover himself. It may be said that it will be impossible to find persons who are either willing or able to subject themselves to the annoyance and loss of time which such a method of proving exacts. It certainly demands, day by day, the sacrifice of a large portion of time to this one object, as long as the action of the drug taken manifests itself in the system and, possibly, even longer for occasional inspection. Any considerable number of such provers it will doubtless be an impossibility to find. The large classes of provers of former days will be no longer seen. But we must turn our thoughts from the idea of quantity to that of quality. It will be like abandoning the tillage of a large farm and devoting everything to the cultivation of a half-acre field. There will be less of hay and fewer vegetables, — other farms may raise those, — but there may be produced in this way some very valuable botanical specimens and very choice seedlings which were never raised before. It is evident that to obtain provers in the future they must be sought out, and when found must be offered

some substantial inducement to enlist their interest and to secure their full co-operation in the work which they undertake. In other words, it is my belief that with few exceptions the provers of the future must be paid. The exceptions will be the few men, here and there, who are possessed of sufficient leisure and are enthusiasts in medical science. To such men the world owes much already, and the debt will increase. It is not to be supposed that any man or woman will engage in the proving of drugs as a means of earning a livelihood. It is most unlikely that any sums which can be devoted to this purpose would sufficiently compensate anybody who is possessed of the requisite degree of health and intelligence to engage exclusively in such work, even for a short period of time. The hire of laborers might be afforded, but men of that grade are, of course, utterly out of the question, because they are too ignorant and mentally untrained to observe correctly the very plainest drug-effects. Among those of higher intelligence who are temporarily out of employment by reason of some local infirmity, or some disqualification other than general ill health, some individuals might be found who would be available as provers and to whom even partial compensation would be most welcome. Most physicians have such persons among their patients. But, as a rule, among the chief qualifications of a successful prover, aside from health and intelligence, should be a knowledge and clear recognition of the nature, usefulness, and definite purpose of drug-proving. Minor inconveniences will then be cheerfully borne, that which is irksome will be met with patience, and the realization of the importance of the work will dignify the meanest details. Such knowledge as this belongs almost exclusively to the medical profession, or to those who are in training for its ranks. Undergraduate students who are expecting to study medicine and the students in our medical colleges would then seem particularly available for provers, — but this could only be during their long vacations and never while in active attendance upon lectures and while bound by the fixed hours of class work. This is because such engagements would make it an impossibility, in practicable hours, to wait upon the various examiners who might desire to analyze their symptoms and test their physical condition. On the other hand, during the long vacations most specialists are off duty a month or more, or visit their offices two or three times a week instead of daily. Moreover the summer season in itself is not conducive to work of great earnestness or accuracy. When in the course of evolution, however, the medical student has received his diploma and his license to practise, has opened his office in one of our cities, and is free, on the one hand, from the fixed engagements of the college and laboratory and, on the other hand, is, probably, equally free for two or three years, from any great pressure of engagements with patients, then is the time when matters of science can receive full attention and when such work seems most attractive. When is our feeling of obligation to our profession so great as then? When do we set before ourselves a higher standard in our professional aspirations? And when, as we look back at our individual experiences, did the earning of a few dollars seem more

desirable or necessary? It is my belief that our best provers in the future will be recent graduates of medicine, resident in our large cities, and closely in touch with our college and hospital laboratories.

This introduces another subject for consideration, and that is the relation of the city physician and the country physician to this work of re-proving our materia medica. Since the examination of provers and the verifying and recording of their symptoms must rest largely in the hands of an organized body of specialists, and these examiners must be able to avail themselves to the fullest extent of laboratory tests, it follows, of necessity, that the provings must be conducted in our cities or in close association with our medical colleges, where alone such bodies of specialists and such laboratory facilities are to be found. But while the burden of the actual work of proving must rest upon city physicians, there is no reason why country physicians should not bear their share of the expense which such proving entails. In fact, this is about the only way in which the country physician can participate in this work, the benefits of which are shared in exactly equal degree with the city physician. There are few physicians in the country who are not both alumni of one of our medical colleges and members of one of our state societies. Unless funds can be raised for the specific purpose of drug-proving by the contributions or bequests of wealthy indivduals, either physicians or laymen, the most natural sources from which such appropriations could be derived would be the working funds of our medical colleges or the treasuries of our state societies. In the former case the concerted effort of the alumni could be most fittingly directed to the raising of the extra funds required, the results obtained from the expenditure of which would so closely touch the honor, the reputation, and the usefulness of their alma mater, as well as so directly accrue to their individual benefit. In the latter case, should the expense of reproving be borne by our state societies, the increased demand upon the treasury could be provided for by temporarily augmented annual dues, the country physician, in this event, bearing his full share of the assessment.

It was proposed by the last president of the American Institute of Homœopathy that that body should undertake work of this character, and it was recommended that funds be appropriated from the treasury of that society for this purpose. The plan proposed comprehended the use of paid provers, but applied only to a microscopical and chemical study of the effects of certain remedies upon the urinary secretions. The president proceeded to say, "By carrying on this work in the way suggested, each year taking up the provings with a view of studying specifically and scientifically some special organ of biological sphere, we may build up the materia medica." I think most specialists will regard this plan as involving a great waste of valuable material. It seems like the cutting down of trees for timber and sawing from each tree only one plank when the whole trunk is equally good and may be sawn into many planks. The provers being paid for the specific purpose of taking drugs and being thoroughly under the influence of the

one chosen, so that their very secretions are changed in character, it seems in the highest degree deplorable that their other symptoms and changed functional conditions, aside from the urinary sphere, should not at the same time be studied by competent observers; and, above all, it seems like a golden opportunity lost if the sequence and correlation, or the distinct grouping of symptoms throughout the system, should not be studied and recorded. The disjunction of symptoms has been one of the most vital defects in the formation and study of our materia medica in the past; and the re-proving of drugs solely with a view to their effect upon individual organs, or distant biological spheres, rather increases than corrects this defect. If, however, in order to avoid the waste of material and opportunity the working plan proposed to the American Institute of Homœopathy be amended and expended, does it not at once assume a scope too complex to be wisely adopted by a national society? It is no longer possible for it to be carried out by a few representative men throughout the country. It involves a distinctive working organization of many men who live in the same locality. If, instead of a special organization, one or more already existing, like the faculties of our medical colleges, be chosen by the Institute to receive its funds and execute its work, it conveys an invidious distinction which is not desirable. Is it wise, then, for us, at this time, to make any special effort to enlist our national society in this work of re-proving, or to attempt to centralize the movement in any respect? Is it not better that we seek to make it as general and widespread as possible? Is it not better to look for the necessary funds to private sources, or to the faculties of our medical colleges who may disburse sums specially raised and intrusted to them for this purpose, or to the treasuries of our state societies, replenished by the assessment of special dues? It need hardly be said that the items of expense would be the payment of some adequate compensation to the men and women who act as provers, and possibly to the laboratory assistants, together with the expense of laboratory material and, probably, nothing more. It is scarcely to be doubted that the physicians and specialists who examine the provers and conduct the provings will give their time and services without thought of other compensation than that which comes from the satisfaction of advancing so worthy a branch of medical science.

And now a word as to the preliminary examination of one who is about to undertake a proving. I know it to be the belief of some who are wisest in these matters that the effects of a drug should be allowed to develop in the system in precisely the same manner as that in which symptoms develop after exposure to morbific germs and their inception within the system. Until the appearance of the actual symptoms of disease the mind is in no wise occupied by the condition of any bodily organ, and this makes the character of the symptoms when they do appear the more marked and their sequence the more significant. So, it is argued, should it be with the mind of the prover. Let him not only be in ignorance of the time when the drug is actually taken, but in no way call his attention to any of his bodily functions. Time enough to

analyze drug-effects when they actually occur, and determine then by examination the condition of the organs affected, just as we would do if a patient came to us with some definite disease. That the prover should not know when he is taking a drug and when a blank, I believe all will agree is most reasonable, and is, indeed, an absolute necessity for scientific accuracy. But that there should be no preliminary organic examinations or functional tests of the prover before either drug or blank is administered I believe most specialists will object to strenuously. Such a plan would be ideal for the determining of gross effects, but in the case of most of our older remedies that has been already done. In the work of re-proving we want to accomplish far more than that. We want to obtain a knowledge, particularly in the case of special organs, of the most delicate functional disturbances, even to the disarrangement of reflexes, and how can this be accomplished without preliminary examination and careful record both of organic states and functional conditions before the proving begins? For instance, the sphere of action of a drug upon the organ of hearing may be difficult to determine. It may be applicable to conditions of the auditory nerve and its terminals, that is, to disturbances of the sound-perceiving apparatus, or it may apply rather to catarrhal states involving the middle ear, or the sound-conducting apparatus. Anything which will throw light upon this matter will be of service. The way in which the limit of perception is affected for sounds of high and low pitch would be of direct practical importance in this respect. Is the upper limit raised or lowered? And is there a corresponding change in the lower limit? Who could tell unless both limits of sound perception were previously recorded? And what is there about the preliminary tests with the tuning forks, or Koenig's rods, or Galton's whistle, which would in any way disturb the equilibrium of the prover's mind or predispose him to any exaggerated drug-effect in the direction of sound perception? So in regard to other tests of hearing and examinations of the condition of the external canal, and the plane of the drum-head, and questions in regard to tinnitus or autophony. So also in the examination of other organs. Does the examination of a patient's chest with reference to life insurance fill his mind with imaginary pulmonary symptoms or make him more liable to feel pains in his chest than in his legs? And if all the organs of the body are alike examined, how much less likelihood of the mind of the prover dwelling upon the condition of any one organ more than of another! The probability is that if a modern laboratory method is applied to our homœopathic drug-proving our most valuable indications for the employment of drugs in diseases will come from functional rather than from organic disturbances, and if this is so what specialist would not enter his plea for the functional test in drug-proving? This, of necessity, calls for the preliminary organic examination and functional testing of the drug-prover.

To summarize, in closing, I should say, therefore, that, from the standpoint of a specialist, the re-proving of the homœopathic materia medica requires that such work be done either in our large cities or in close connection with our medical colleges; that it be

conducted by organized clubs and boards of physicians which shall be presided over by a master or director of provings; that this director shall himself be a general practitioner of the largest possible experience and the broadest knowledge and grasp of materia medica, or that he be a specialist who has previously had such general experience in medicine; that he shall have associated with him two or three other general practitioners for the division of labor and a body of specialists for the examination of special conditions and testing of special organs, and that these shall cover the mind and nervous system, the eye, the ear, the nose and throat, the chest, the genito-urinary system, and the skin; that arrangements shall be made for the assistance at all times of laboratory experts for chemical, microscopical, bacteriological, and physiological tests; that the provers shall receive some adequate compensation for their time and services, the means to come from private sources, from funds administered by our medical colleges, or from the treasuries of our state societies; that the provers shall be subjected to careful preliminary organic and functional tests; that they shall receive the drug to be proven at the hands of the director of the proving so guarded by blanks and counter-tests that they shall not know the nature of the drug taken or when the actual administration begins; that the examiners themselves shall not know what drug is being proven or when it is being administered, but may receive special hints or practical suggestions from the director at his discretion; that the prover shall keep a daily record of his own condition and symptoms in a book provided for this purpose and shall submit this written record every day to the director of the proving; that after careful questioning the director shall each day send the prover to such specialists as may seem desirable for the further testing and verification of special symptoms or conditions which may arise, the visit to be made during the specialist's office hours or at such other convenient seasons as may be specified in advance or arranged at the time by telephone; and that, finally, the results of the proving as a whole shall be summarized and arranged for publication in scientific form by the director with such aid from any or all of his associates as he may desire.

We have convinced ourselves of the truth of our guiding therapeutical principle by the ability which we possess to cure the sick by the administration of drugs chosen in accordance with even the imperfect indications of our present materia medica. We have convinced our patients of the truth of this principle by the beneficial results which they have observed in their own families and by their own individual experiences when sick. We have failed, however, to convince our fellow-practitioners of different therapeutic faith, or of no therapeutic belief, that we possess any therapeutical principle which is worthy the name, or that our materia medica is more than a conglomeration of fortuitous symptoms through which no adequate guiding lines are discernible. Hitherto we have spoken to these colleagues of the older school chiefly with the voice of assertion. Let us now speak to them with the clear, dispassionate voice of science. Let us say to them, "These are the effects of drugs upon the healthy human organism, observed and recorded in accord-

ance with modern laboratory methods and tested by modern instruments of precision. Note the relation of these drug effects to the curative action of these same drugs when administered to the sick in attenuated form. Give heed to this parallelism, in the spirit of science, and tell us — is this a vagary of the imagination or is it a central truth of a modern science of therapeutics and worthy of full recognition and acceptance throughout the whole medical world?"

APPENDIX B

THE FUTURE OF DRUG-PROVING IN THE LIGHT OF THE TEST-PROVING OF THE O., O. & L. SOCIETY

By Howard P. Bellows M.S., M.D., Boston, Mass.

The test drug-proving inaugurated by the Homœopathic Ophthalmological, Otological, and Laryngological Society is nearly concluded. Three years have been occupied in this work. In eleven different cities proving boards, organized for this express purpose, have completed their task, and have forwarded to this city the records of tests made by the administration of one and the same drug to fifty-one provers — both male and female. These records are inscribed in over five hundred separate record books, consisting of bound sheets of printed forms filled in, day by day, by various examiners representing all the specialties in medicine, and in manuscript reports of each proving as a whole, by the directors of the different boards. All this material must pass under the eye of the general director of this proving, and be published in book form, after being collated and classified and reduced to its ultimate constitutents, so as to be serviceable alike for study and practical application. Only upon the completion of this supplementary task can the true value of this proving be apparent or the real points of difference between this and our former provings be brought clearly into view. Upon the contents of the forthcoming book the judgment of the medical profession will be based, and until its appearance any final judgment must be held in abeyance.

In the meantime, however, the proving in some of its aspects can already be brought under consideration and free discussion. We have been applying a double test in the work which we have carried forward. We have at the same time been testing a *drug* and testing a *method* of drug-proving. The former part of the work relates to the development of all the symptoms which can be produced by the administration of a single drug, and ends in the record of the pathogenetic effects of the drug's action. The second part of the work is of larger scope. It concerns the whole method of procedure in obtaining drug effects and, looking beyond the records of any single drug, it opens up the whole vast question of the re-proving of our homœopathic materia medica and the manner in which this can best be accomplished. Of the individual drug which we have proved I will say no more, interesting as the subject is, but will turn to the larger aspect of our work. To this I beg your attention.

[1] Presented to the American Institute of Homœopathy, Boston, Mass., June, 1903.

The distinctive features of the scheme upon which we have been working may be enumerated as follows: The removal of the work of drug-proving from the hands of any single individual, and vesting it in a specially constituted board of physicians, representing all the medical specialties, with laboratory analysts, and presided over by one director. The use of an assayed drug. The employment of paid provers. Thorough examination of these provers by the director and specialists, both previous to the administration of the drug and upon the conclusion of the proving. The daily examination and questioning of the provers by the director, and the daily adjustment of the dosage. The regular routine examination of the provers by the specialists during the continuance of the proving, whether subjective symptoms have been noted by the provers or not. The verification or explication by the specialists of any symptoms of special or doubtful import which may be observed by the local directors. The use of printed forms for recording symptoms by the special examiners and the analysts. The preparation of a general summary of each proving by the local directors before the records are forwarded to the general director. The concerted action of all the boards under the instructions of one general director. The defraying of all general expenses of the proving from funds placed in the hands of the general director and the exclusive use of funds raised in different localities by the local boards under the expenditure of the local directors.

Let us briefly take up these various points and see how they have stood the test of three years' experience. The greater efficiency of the proving-board as compared with the individual in conducting provings, does not admit of a moment's doubt. No one man in these modern times can compass the knowledge of the medical profession as a whole, and without such breadth and diversity of knowledge much of value in every proving is inevitably lost. Not only division of labor but vastly increased discernment and accuracy in observation is secured by the concerted work of a proving-board. Experience has shown, however, that the number of physicians constituting such a board can, with practical advantage, be rather lessened than increased over the number originally proposed. If any locality, for instance, is fortunate enough to possess one man equally competent to examine the eye and the ear, — or the ear, the nose, and the throat, — the practical efficiency of the board will be increased by having one examiner do the work of two, provided, of course, that the work is equally well done. It has been demonstrated that it was a wise course, and one conducing to harmonious action, for the local directors to be first chosen in each city and to rest in their hands the appointing of the various members upon the boards, rather than to choose the members of the boards and have them appoint their directors.

The wisdom of using only a previously assayed drug, the absolute purity and exact strength of which is determined, is self-evident. The employment of paid provers has been characteristic of this test-proving and has been advocated wherever possible. The services of volunteer provers have been accepted in some places, how-

ever, these provers being, for the most part, medical students. Such volunteer provings, in many instances, were abandoned as soon as the preliminary examinations were finished, or after two or three days of routine work. Many sets of printed forms have been ruined to no purpose, and little but disappointment, as a rule, has resulted from dependence upon this class of provers. In a few praiseworthy instances such provings have been carried through to a finish, but when that is the case, the difference in quality between these and provings made with paid provers is apparent at a glance. An equal degree of regularity and punctuality in the visit to the special examiners is never attained in the volunteer provings. Even though the payment which is received is small, it carries with it the sense of a contract which has been entered into, and a daily obligation which must be fulfilled. This, doubtless, explains the greater regularity and persistency of the paid prover. It was claimed in the most explicit terms at the beginning of this undertaking that no student could possibly find time to carry out a proving in a proper manner while he was in attendance upon lectures and engaged in the routine of college work. The truth of this claim is absolutely demonstrated by the result of these test provings. The only college in which students have carried through provings which compare favorably in any way with those of paid provers, is one in which, during the continuance of the provings, certain college exercises of the students so engaged were suspended. I believe that such is the only possible course to pursue if students in medical colleges are to make satisfactory provings. Either the work must be done by them in vacation time, in the autumn preceding the opening of the college courses, or in the three weeks immediately following Commencement in the spring, or else the proving must be made a regular part of the college curriculum, say in the senior year, and supersede all, or nearly all, other class exercises during its continuance. Further than this, in order to attain the best possible success, it would be necessary to make it a requisite for graduation that, during his course of study, each student should satisfactorily complete at least one proving, unless he is excused from this, for just cause, by the faculty or executive committee of his college.

As to the thorough preliminary and final examination of the provers by the director and the special examiners nothing need be said, — its necessity in a scientific proving is apparent. A tendency on the part of both provers and examiners to neglect or slight a final examination is shown, however, in the practical outcome of our tests. The daily examination of the provers by the director, the record of weather conditions, and the daily adjustment of the dose are features of the proving which require no comment, as the advantages resulting are perfectly evident. The wisdom of the regular routine examination of the provers by the specialists during the continuance of the proving, whether subjective symptoms have been noted by the provers or not, has been called in question on account of the amount of time and the increased labor which it requires. My only answer is an appeal to actual experience. Both subjective and objective symptoms of great practical

importance have been recorded in this test-proving by the special examiners when no hints or suggestions of any such conditions are to be found under the same dates in the records of either the prover himself or the local director. Without the specialist's routine examinations these facts, of such value to specialists and so distinctive and characteristic of our newer and more exact scientific method of proving, would have been absolutely lost. This feature of the new proving scheme, which more than any other single feature distinguishes it from the older methods, should not be condemned, therefore, but should be preserved and developed in the future, while a way is sought in which the same results can be obtained, if possible, with less expenditure of time and labor than has been required in our test-proving.

Let us proceed rapidly with the remaining points to be covered in the review of our practical experience with this proving scheme. The provision for the verification or explication by the specialists of special symptoms which were observed by the local directors worked admirably when it was followed. It is most gratifying and satisfactory when the director's record for the day mentions the appearance of an eruption, for instance, to turn to the records of the skin specialist for the same day and find the exact nature of the eruption expressed in explicit and scientific terms. It is correspondingly disappointing, in some other proving, to find the simple record by the director "An eruption appeared to-day upon the skin" and find on the part of the skin specialist no entry of any sort whatever — probably because the prover, perhaps an overworked student, never went to him at all for the examination in question, or failed to find him when the call was made. So the new proving in this instance remains as meaningless and valueless as the older provings upon which we are endeavoring to improve. The fault is not with the method, but with the failure to carry it out. The method should be continued in the future, but the recurrence of such failures in its application should be guarded against.

The use of printed forms by the special examiners and analysts in making their records has been shown to be an essential feature of the new scheme and to work admirably in securing thoroughness of inspection, uniformity in the daily records, and a working basis for the proper comparison and grouping and final recording of the symptoms observed. In our test-proving these examiners' forms were made as comprehensive as possible, with the idea that their practical use would show in the best possible manner what parts could be dispensed with in the future, or abridged, without loss of accuracy or of any useful details in our final records of a drug's pathogenic action. It is expected, therefore, that these printed forms will be simplified and condensed in the future in such ways as may be indicated by the practical tests to which they have been subjected, and will not preserve the bulky and somewhat formidable aspect which they at present possess.

The preparation of a general summary of each proving by the local directors, before the various records are forwarded to the general director, has proved a veritable thorn in the flesh to almost every local director upon our list. To prepare such a summary a

man should have at his disposal sufficient time to sit down with a clear head and every examiner's record conveniently outspread before him and devote himself to this task and this alone, without interruption, until the proving upon which he is engaged is reviewed, day by day, in all its aspects, and the final narrative written in an orderly sequence of days and events from beginning to end. What man in the active practice of the medical profession can obtain either the requisite time or the necessary seclusion and concentration of mind and energy to do this as it should be done? The result has been a waiting from day to day, from week to week, and, in some instances, from month to month, in the hope that some opportunity more favorable than the present would eventually be found. This has proved to be the greatest source of delay in the completion of our proving, and the responsibility does not attach to any one director alone, — in fact, scarcely more to one than to another. This is a part of our scheme which needs revision if the records of future provings are to be brought to prompt completion. One man, with time sufficient and with the proper bent of mind for this part of the work, should, so far as possible, assume the summarizing and condensing and editing of all these diverse records. Then, and not till then, will this most difficult part of the task be executed with equal thoroughness and despatch.

The concerted action of all the various boards in our test-proving has been its main source of strength, and any plan for future work which looks to the re-proving of our materia medica as a whole, and not simply to desultory work upon its individual parts, should have as its keystone the principle of organized co-operation and a central direction of the whole movement. The plan of defraying all the general expenses of the proving from a fund created for that purpose and leaving to each local board the unrestricted expenditure of all funds raised in its own locality, has worked to the absolute satisfaction of everybody concerned and requires no comment, bearing, as it does, mainly upon the past.

And, now, what for the future? I have assumed that the forthcoming book will demonstrate that we are upon the right track as regards the general method of future drug-proving. I believe that the scheme which we are pursuing, with the modifications which have been suggested and those which further experience will indicate, will yield most definite and satisfactory results and meet every demand of modern science. Though somewhat laborious in its application, this method will provide for us provings which, as the study of each drug is completed, will stand without revision for years to come, and may, indeed, be regarded as a finality, a permanency, so far as they go, requiring only addition, and not correction in the future. But how are we to proceed in the application of this method? Are we to follow the working plan which we have thus far pursued, and seek to establish each of the local boards in our various cities and educational centres upon a permanent basis, and add to their number as such additions become possible? Are we to continue this work under the auspices of the Opthalmological, Otological and Laryngological Society which has conducted it thus far? Are we, perhaps, instead of this, to seek

for this movement henceforth a larger and more influential support than can be afforded by that or by any specialists' society, and continue to work upon the same general plan under the auspices of this American Institute of Homœopathy? It may occasion surprise when I state my individual judgment, founded upon three years of experience as the general director of this movement, that the further pursuit of the plan which we have followed, so far as it relates to the systematic re-proving of our materia medica, whether this plan be continued under the auspices of the O., O. & L. Society or under that of this American Institute, is impracticable and, in the end, will prove utterly futile. Do not think me disheartened or discouraged. While this adverse opinion is founded upon my personal experience, I am to-day more sanguine in regard to the ultimate success of this movement than when I entered upon the work three years ago. The reason why I do not advocate the continued following of the plan for proving by means of the local boards as now constituted is because, in its practical application, this plan has been found to bear too heavily upon the busy practitioner. Any man who is competent to act as an examiner in accordance with this scheme is a man who has thus qualified himself by long experience in medical practice and such men are, in a measure, no longer masters of their time. We have, in many instances, secured the regular attendance of the provers upon the examiner, but to secure the regular presence of the examiner in his office at the time of the prover's call, or for him to so arrange his time and engagements that he can promptly examine the prover upon his arrival, is a vastly more difficult problem, as our experiment has conclusively shown. Let us give all due credit to these many physicians, mostly specialists, who have succeeded in carrying through fifty-one provings in order to demonstrate how such work should be done. Let us give due credit to the eleven local directors who have shouldered through their part of the task, standing between provers and examiners, and have grappled afterwards with the examiners' records and their own, through weeks of broken time, in the effort to bring the various parts into proper relation with each other, and present each proving as a concrete unit. But, after giving all due credit and making all just allowance, the facts remain that, with the very best efforts which could be put forth, it has required a year and a half of valuable time, after everything was in perfect readiness, to bring the work upon one drug by fifty-two provers, to its present stage, and that, even now, many records of examinations are either wholly wanting or are far from satisfactory. This is a loss of time and a waste of material which surely cannot be contemplated for the future. Reproving our materia medica at this rate is simply working for posterity and scarcely for ourselves at all. It is not probable that continued experience with our present plan will sufficiently correct its faults in this regard, and therefore I advocate its abandonment in favor of some modified plan which bears less heavily upon special examiners and local directors.

Provings made by students in medical colleges as a part of the course required for graduation would be an exceedingly valuable

means of instruction to them, and would produce results good as far as they go; but inadequate to the demand for an exhaustive re-proving which is laid upon us. Unless one common drug were chosen for provings in all the colleges, until a sufficient amount of material is accumulated before another is taken up, the results would be scattering and desultory, and even then a uniform mode of procedure in all the colleges would have to be adopted and the final results be edited from a common centre before the work accomplished upon any drug could be considered in any sense complete. Would it be possible to secure such uniformity and agreement between rival educational institutions — even when the rivalry is entirely friendly? Would not each professor of materia medica prefer so strongly his own mode of procedure in this or that particular that uniformity would be well nigh impossible? And would not insistence upon the work of proving as requisite to graduation, deter a timid student from studying in a homœopathic college at all, or influence him to choose some college of our school where proving is either not required, or where it is known to be easy to secure an excuse from the faculty? The imagination of prospective medical students is sometimes very impressionable, and the fears of fathers and fond mothers easily aroused. The final choice even between a so-called "regular" college and one of the homœopathic school is often determined by some consideration less weighty than this. Yet we have seen that where thorough work in proving is required, volunteer student provers are practically a failure. Provings by students, on any system of merit, can only be arranged in vacation time, and then the college professors, who act as examiners, are often absent and their services unavailable. If done with any real prospect of success, therefore, it must be made a requisite for graduation. If, however, this is not done by all our colleges alike, or if compliance with this requirement is less rigidly enforced in one college than in another, it carries an unfair advantage so far as the enrollment of students is concerned. Can all our colleges be brought to take and to maintain uniform action in this regard? The whole plan for re-proving our materia medica by means of college provings turns, therefore, for its success upon the idea of *uniformity*, and, as between medical colleges, what is more hopeless of attainment? If, for lack of better resources, we are forced back upon our colleges and our college students to bear the brunt of the work of drug-proving, for a few years at least, there is ample scope for our intercollegiate committee to exercise its function here, and to evolve a common working plan which can be entered upon in hearty accord by all the institutions which this committee represents. It is my belief, however, that the full fruition of our hopes and desires as regards systematic re-proving, will not be realized from the work of our colleges.

Having dwelt sufficiently long upon the negative side of this question, and stated pretty explicitly what our test-proving has taught us should not be done in the future, let me now turn to the positive side and state, as clearly as I can, what, in my view, our future course should be in the advancement of this work of drug-

proving if, by any means, we can attain its realization. To my mind there is only one way in which further drug-proving can be done as it should be done to meet the demands of modern times, and that is an institution founded and equipped for this purpose. What we need now, and what we must have sooner or later, if this work of re-proving our materia medica is to go on to successful completion, is an Institute of Drug Proving. Until we do have such an institution the best work which can be done by individuals, or by proving boards, or by colleges, will prove inadequate to the requirements which modern methods in other lines of research lay upon us. In my judgment we might almost better conserve our energy and concentrate our forces, so far as systematic re-proving is concerned, until such time as an Institute of Drug Proving is within our reach rather than struggle with the problem and make ineffectual efforts to accomplish the well-nigh impossible with the means now at our command. Let us go into particulars and see just what the establishment of such an institution implies. In the first place it is not at all necessary that a fine building be erected for the purpose, although the cause is worthy of even that. A medium-sized private house upon some quiet and unfashionable side street could be rented or purchased and would serve the purpose well, provided it be conveniently accessible by main lines of city travel, and be near some large hospital or dispensary or medical college which constitutes a medical centre. It goes without saying that the home of such an institution should be in one of our larger cities, where there is a medical college of our school and large public or medical libraries available for research, and a city in which the homœopathic profession is strongly represented. The house which is chosen for the use of the Institute should be refitted so as to contain a large library or working room, a small and private director's room, a waiting-room for provers or visitors, three or four examining rooms fitted with all instruments and appliances necessary for the convenient use of the various special examiners so that three or four can be working at the same time, a well-equipped laboratory for the analyst and bacteriologist, and quarters for a janitor. The working-room should contain all the time-saving appliances — a telephone, typewriter, mimeograph, letter press, filing cabinets, a large safe for the protection of manuscripts and records, and an extensive reference library. This library should comprise all the standard works upon materia medica, toxicology, and pharmacology in both schools of medicine, a standard medical dictionary and encyclopedia, the "Index Medicus," from the first volume to the time of its discontinuance and the new issue now undertaken by the Carnegie Institution, the "Bibliographia Medica," published in Paris, and the various indexes to medical publications issued by periodicals like the *Medical Review of Reviews*, our *Homœopathic Journal of Ophthalmology, Otology and Laryngology*, etc., during the discontinuance of the "Index Medicus" and lastly, there should be on the shelves of the library for convenient reference complete sets of the transactions of all our state and other societies which publish such, and, so far as possible, a complete file of every homœopathic periodical which is published, or has been pub-

lished, in the English, French, and German languages. Probably many of these sets and files would be gladly supplied by the societies and the publishers and editors of the various periodicals, or would be donated by physicians having them in their possession — the particular sets or numbers needed being made known by an appeal through the columns of our medical press. Loose periodicals should be serviceably bound in canvas or buckram, or arranged in substantial cases, so as to bear the handling to which they will be subjected for years to come in the practical work of the institution. An important adjunct of the office fittings should be a small card catalogue which shall show at all times the names and addresses and qualifications of persons available for employment as provers. There is opportunity for much personal tact and the exercise of personal influence in obtaining these names and the consent of prospective provers to act in such a capacity. To obtain the names alone is likely to require frequent personal conferences with physicians in their offices and at dispensaries, with college professors and instructors with reference to the employment of students during vacation seasons, with the superintendents of various charitable institutions, with people engaged in so-called "settlement work" among the intelligent poor of the city, and with any others suggested by necessity or opportunity. All practical results of these conferences and subsequent ones with the candidates themselves will appear in the card catalogue of available provers, which will require constant revision.

So much for the house and its fittings, now for the *personnel* of the proposed Institute. In charge of the entire institution and its work should be a general director. At the house in constant attendance during working hours, the director should have an efficient office assistant who understands stenography and typewriting, and can do proof-reading and have a knowledge and control of many small details which commonly need not occupy a director's time and thought. The whole building should be in charge of a janitor, and this is the entire force whose daily attendance is necessary. At times work might be assigned by the director to two or three extra helpers, medical students or recently graduated physicians, in looking up widespread records of provings and poisonings and submitting these to the director for the preparation of abstracts when the work upon a particular drug is being edited. The remainder of the *personnel* of the Institute consists of the special examiners and the analysts, in accordance with the working scheme which we have just tested and found worthy of adoption with slight modifications. These special examiners and analysts should be in regular routine attendance at stated hours on stated days during the period of active work upon each drug — the whole class of provers being present at the Institute for examination at the specified times, following each other from room to room until the observations of the day are finished, the provers thus rounding up for the examiners at the Institute instead of scattering over the city to seek them at their several offices. The examiners, on their part, upon these days make a professional call at the Institute, by appointment, where their examining room and special apparatus are in readiness for them, and

despatch the work promptly without any interference with private practice or confliction with private patients. Each examiner and analyst should have an understudy, a younger man who can be called upon by the examiner, or from the office, to do the required work when unavoidable detention occurs. In this way regularity in the observations can be ensured — the lack of this regularity being the fault which chiefly marred our test-proving and robbed it of its best results. All these physicians who make up the *personnel* of the Institute for Drug Proving, as well as the provers who are employed in the work, should, in my judgment, receive payment for their services, and here lies the chief expense of such an institution. The director must give practically his whole time and his whole strength to the undertaking. To be fitted for the position he must either be a general practitioner of large experience, or if a specialist he must have had ample experience in general medicine previous to his special work. The continuance of general practice would be utterly out of the question, however, for the general director of an Institute of Drug Proving, and if he were a specialist, it would at best be possible to see only a few patients each day by special appointment, probably at times when he was already fatigued by the work of the day at the Institute. It is very doubtful if the fees thus earned would much more than pay a specialist's heavy expense for office and equipment, or if the practice so accomplished would be anything but a source of dissatisfaction to any conscientious physician. In fact, with the best salary which could be expected in such an institution the man chosen for the directorship would be called upon to exercise self-renunciation, so far as financial matters are concerned, in accepting the proffered position, because any man fitted by professional experience to fill the director's position is capable of earning far more money in the practice of his profession than such a directorship can possibly yield in its salary. It goes without comment that the office assistant and janitor should be salaried. The occasional work of assistants in searching for scattered records of previous provings and cases of poisoning can be paid by the hour. The special examiners should receive professional fees for their visits actually made to the Institution for the purpose of examining the class of provers, so much per visit and if their understudies make the visit for them the understudy should receive the fee. The analysts should also be properly compensated for the time which they spend working in the laboratories of the institution. All this, together with the payment of the provers, means much expense. It would almost seem to preclude the development of the scheme. Until such time as the expense can be afforded, however, we might as well suspend our expectation of any adequate, systematic re-proving of our materia medica, for no work which we can accomplish under less favorable conditions can be regarded as final — it must all be gone over again in future, drug by drug, almost as though it had never been done at all.

An institute, to possess and administer the means which this requires, should be incorporated. This must, of course, be done in the state which is chosen for its location. Incorporation means a Board of Trustees — men who stand so high in the public estimation

throughout the country that their very names guarantee the solidity and success and the scientific character of the institution under administration, together with men of such experience with financial trusts in the community in which the Institute is located that the permanence and wise investment of its funds is assured. I would propose, therefore, that to meet this demand, should such an Institute of Drug Proving be established, the American Institute of Homœopathy, through its Executive Committee, appoint a board of fifteen trustees, ten of whom shall be physicians prominent in the membership of the Institute, and five of them men prominent in business in the city chosen for the proving centre. Three trustees (two physicians and one business man), shall be appointed for one year's service, three for two years, three for three years, three for four years and three for five years. Subsequently, each year the Executive Committee of the American Institute shall fill the three places regularly becoming vacant upon the board of the Institute of Drug Proving and any other vacancies which, from any mishap, may from time to time occur.

To this Board of Trustees may be entrusted any funds with which an Institute of Drug Proving may be endowed permanently; any funds which are to yield their interest for a stated number of years for the use of the Institute, with reversion of the principal at the end of the specified time to some institution or object, or to the heirs of the donor, as may be designated; the income of funds similarly entailed but resting in the interim in the keeping of trust companies; or current funds for expenditure, either principal or interest, at the discretion of the trustees. The expenses of such an institution would be much greater in the earlier years of its existence than later on, for the reason that every drug which is well proven lessens the task which devolves upon the Institute, and when the materia medica is well gone over years hence, the new drugs to be tested will require comparatively little time. In the next twenty years or so the work should be pushed to its utmost, however, until we have re-proved all our polycrests and most commonly used remedies. It is to be hoped, therefore, if such an institution be established, that the funds at the command of the trustees will more than suffice for the running expenses of a central Institute of Drug Proving, and that the surplus of these funds, or the income of funds contributed for that purpose in different cities, may be devoted to the establishment of branches of the Institute of Drug Proving in these several cities. To secure harmony in work and uniformity in result, these branches should be under the general administration of the Board of Trustees of the central institution. The local directors of the several branches, as well as the general director of the central institute, should be appointed, or reappointed annually, by this Board of Trustees — but all other appointments upon the several boards should be left entirely to the director of each, together with all matters of their routine administration and governance. In matters relating to the proving itself, the local directors should be under the instruction of the general director, receiving the remedy to be proven, and all general directions concerning the work of proving, from him. The choice of the remedies to be proven, and the gen-

eral conduct of the Institute in all particulars, so far as its practical work is concerned, should rest with the general director. The local directors should annually report to the general director, the general director to the Board of Trustees, and the trustees make an annual report to the American Institute of Homœopathy. Thus the coherence of all parts of the work is secured and all progess is upon a definite plan. The work of the local branches, if such can be established, is much simpler than that of the central institute and far less expensive, since it will only be necessary for the local director to secure from his provings, with the co-operation of his examiners, a record of the results individually obtained, and forward these records to the central institute without any attempt to summarize or collaborate them. This does away with the greatest source of delay in our test-proving — the summarizing by the local directors. All editing and all publication is thus done at the central institute, and the reference library and all the expensive paraphernalia of office work, once provided, serves for the use of all the branches without additional expense. The local boards only work, therefore, when a drug is being actually proven by them — but work upon the results obtained goes on without ceasing, except, perhaps, for summer vacations, at the central institute. Should any of our colleges make provings a required part of their curriculum, the drugs thus proven should be the same as those chosen for the local branches of the Institute, if indeed the colleges be not themselves the local branches, and the results, being forwarded to the central institute, can be incorporated in its publications and come into the general scheme as a very useful and harmonious part.

It is an interesting question in relation to the work of such an institute whether the drugs for proving should be in all respects the same as those which we have commonly been using in our homœopathic practice, or whether, for the sake of simplicity and scientific accuracy, we should not make greater use than heretofore of alkaloids. Some of our polycrests owe their medicinal properties to more than one alkaloid which they contain. In our day such polycrests have become as much medicinal compounds as some of the mixtures which Hahnemann inveighed against when striving for purity and simplicity in our materia medica. To be sure, these remedies are compounded in nature's laboratory, and not in that of the chemist — but the chemist's laboratory now resolves for us these compounds of nature into their component parts if we wish to employ them in their simplicity. Probably this question can only be settled satisfactorily by proving a polycrest in our modern fashion, then proving each of its constituent alkaloidal elements in similar manner, and making an exhaustive study and comparison of the results thus obtained, with a view to their practical application in the practice of medicine.

And now more particularly in regard to the publishing work of an Institute of Drug Proving. When the records of new provings are at hand, whether made at the central institute or sent in from any of its branches, the first work in editing should be to reduce each individual proving to the form of a concise but comprehensive narrative, showing all drug effects and related conditions in orderly

sequence from day to day. Then there should be collected from all sources, every well authenticated proving of the same drug which can be similarly stated in narrative form — the narrative being the only satisfactory and truly scientific basis for the study of drug action. The "Cyclopædia of Drug Pathogenesy" is already a storehouse of such records, and should be incorporated in the new materia medica practically in its entirety. Next should be gathered together all well authenticated narratives of poisonings by the drug which is being studied, and in this connection records of post-mortem observations would be of special value and importance. One of the results of our test-proving is to show us how largely our previous knowledge of drug pathogenesy has been drawn from the effects of poisonings as distinguished from the milder effects produced by provings properly so called. Lastly, as casting an important sidelight upon the drug's sphere of action, all narratives of its effects upon animals and animal organs and tissues should be collected, but these should always be kept clearly distinct from effects produced upon the human organism and never incorporated or allowed to be confounded with them. All these narratives, made as concise as possible and shorn of redundancies, should be published as they stand, and, in addition to this, for quicker study and reference and practical service in prescribing, there should be published a carefully constructed schema in the time-honored form. This should contain no symptoms, but first, those isolated symptoms vouched for by Hahnemann, personally and distinctly so designated by some printed sign; second, symptoms derived from the preceding narratives of provings, showing distinctly the relative frequency of their occurrence and, if possible, affording a key to their grouping; third, symptoms derived from the preceding narratives of poisonings, these being properly designated by a printed sign, and fourth, parenthetical allusion to effects developed in animal organs and tissues, distinctly set off from all symptoms foregoing. Books constructed upon this plan should be published by the Institute of Drug Proving in uniform size and binding, from time to time, as material permits, it being hoped that there would be at least one annual volume, and these books, especially if the Institute be endowed, should be furnished to the profession as nearly as possible at cost price.

And now, in closing, let us put fairly the question: Is this whole scheme Utopian? Is it merely visionary, or at best only prophetic? Let us frankly acknowledge that it may be slow of realization; that before it is attained we may even be forced to modify the plan here presented and deliberately cut our pattern to fit our cloth, but let us recognize that in so doing we are adopting half measures and working for partial results. Let us not deceive ourselves by thinking that the highest aim which we set before us, that is, an exhaustive, systematic, and strictly scientific re-proving of our materia medica, can ever be accomplished by any means less thorough than by institution work. In projecting a scheme of this magnitude and in working for an end so inspiring and of such momentous importance, why should not our first aim, at least, be high? Why should we not set clearly before the mind the ideal course to pursue, and follow it

if we can? When we know that our aim must be lowered, it will be time to devise substitute plans which we may regard as temporary expedients. The coming year is one for deliberation, for no final action can well be taken until the results of our test-proving are published and thrown open to scrutiny and criticism. During this year let us not think any aim too high which most surely and directly leads to the accomplishment of our object. And, after all, is it presumptuous? Is it merely visionary? On the contrary, is it not both reasonable and in conformity with experience in other lines of research, in these days when the Government itself is conducting costly experiments to prove the effects of food adulterants upon the healthy human system — in these days of the Carnegie Institution and the Rockefeller Institute for Medical Research, with their princely endowments — is it not both reasonable and in conformity with the experience of other earnest workers in the field of science to believe that some large-hearted and broad-minded man, blessed with ample means at his command, and appreciating the grand opportunity here presented for the advancement of medical science, the promotion of medical unity, and the betterment of humanity through more accurate and dependable therapeutical resources, will come forward, sooner or later, before many years have passed, and will endow an Institute for Drug Proving which will place upon a permanent basis and establish in its true position, the most reliable and the most beneficent means of healing the sick which rests in the hands of the medical profession — the Homœopathic Materia Medica.

PLATE I

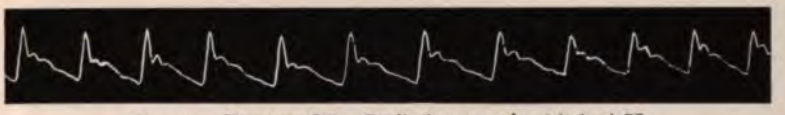

FIG. 1. — PROVING IX. Preliminary, pulse (sitting) 78.

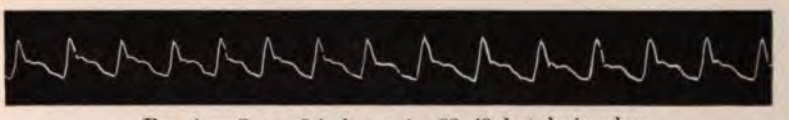

FIG. 2. — SAME, 8th day, pulse 88, 40 d. ϕ during day.

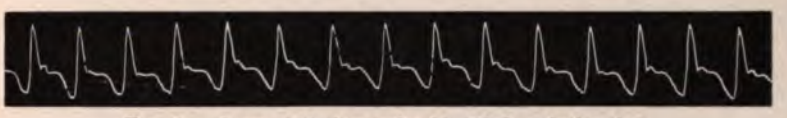

FIG. 3. — SAME, 15th day, pulse 96, 150 d. ϕ during day.

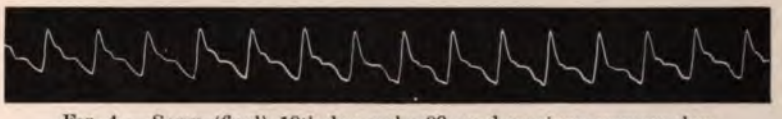

FIG. 4. — SAME (final), 19th day, pulse 99, no drug since previous day.

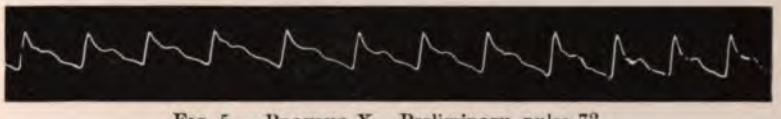

FIG. 5. — PROVING X. Preliminary, pulse 73.

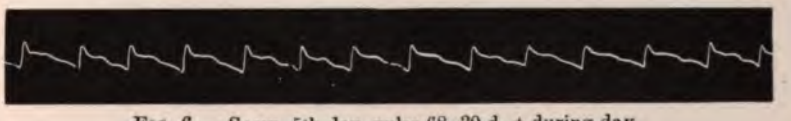

FIG. 6. — SAME, 5th day, pulse 68, 30 d. ϕ during day.

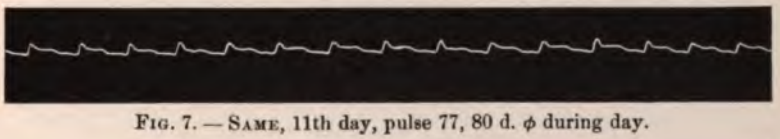

FIG. 7. — SAME, 11th day, pulse 77, 80 d. ϕ during day.

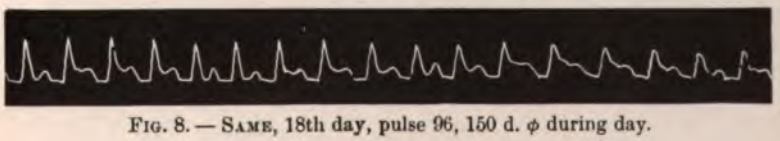

FIG. 8. — SAME, 18th day, pulse 96, 150 d. ϕ during day.

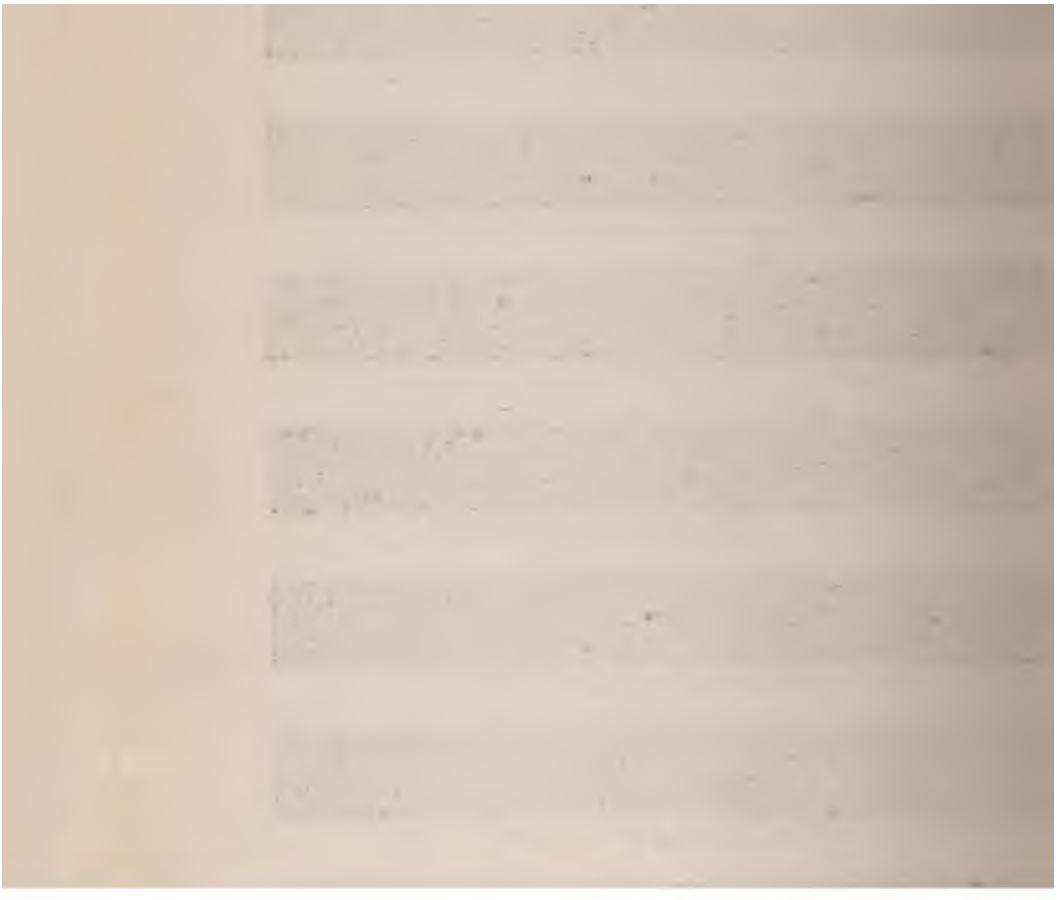

PLATE II

FIG. 1. — PROVING XL. Preliminary, pulse 71.

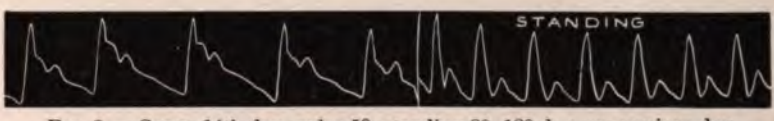

FIG. 2. — SAME, 14th day, pulse 59, standing 89, 120 d. ϕ on previous day.

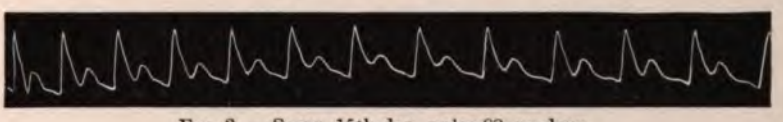

FIG. 3. — SAME, 15th day, pulse 82, no drug.

FIG. 4. — PROVING XLIII. Preliminary, pulse 73.

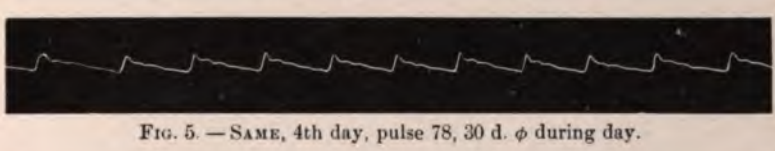

FIG. 5. — SAME, 4th day, pulse 78, 30 d. ϕ during day.

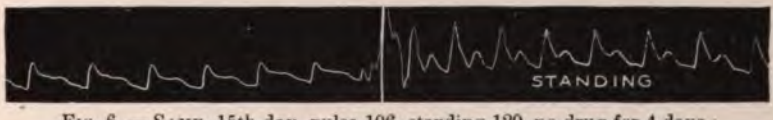

FIG. 6. — SAME, 15th day, pulse 106, standing 120, no drug for 4 days.

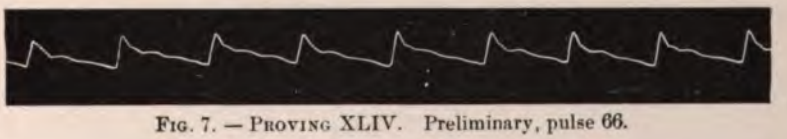

FIG. 7. — PROVING XLIV. Preliminary, pulse 66.

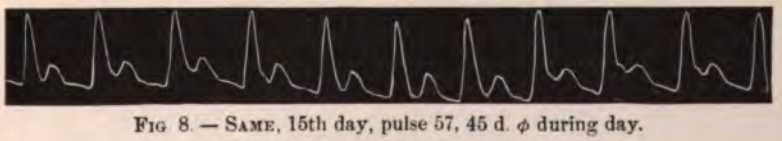

FIG 8. — SAME, 15th day, pulse 57, 45 d. ϕ during day.

EXPLANATION OF FIGURES

The material from which these figures were made had been fixed in Zenker's fluid, imbedded in parafin and stained with eosin and Unna's methylene blue.

PLATE III

PLATE III

FIG. 1. Meningo-encephalitis from a brain section of Experiment 5. In the picture edema and infiltration of the pia are well shown. The pia as it dips down between the two convolutions is enormously infiltrated. The rather large inflammatory area over and involving the convolution to the right is made up largely of leucocytes and along the peripheral portion plasma cells are encountered. Cultures from the area where this section was taken remained sterile. Infiltration of the walls of cortical blood vessels was quite general as may be seen in the outermost layer of the cortex of both of the convolutions shown in this photograph and in Figs. 2 and 3. Bausch and Lomb $\frac{2}{3}$ obj. Zeiss projection oc. no. 3, with a bellows extension of 37 inches.

FIG. 2. Another area of meningo-encephalitis. The process is here less advanced but shows somewhat better the mode of extension, which is from the pia downwards into the cortex. The photograph was made under the same conditions as Fig. 1.

FIG. 3. Just beneath the central portion of the figure will be seen a somewhat circumscribed area of encephalitis, which is very near the bottom and to one side of the sulcus, formed by two convolutions. Made under the same conditions as Figs. 1 and 2. Figs. 2 and 3 are from Experiment 5.

FIG. 4. Alterations in the heart muscle fibres and fibrils are shown, as well as a slight infiltration of the interstitial substance. From Experiment 2. Leitz $\frac{1}{12}$ oil immersion, no ocular, bellows extension of 22 inches.

FIG. 5. Central necrosis of a liver lobule in Experiment 5, a condition which was very general in the liver of this animal. Leitz $\frac{1}{12}$ immersion, no ocular, bellows extension of 15 inches.

PLATE III

FIG. 1

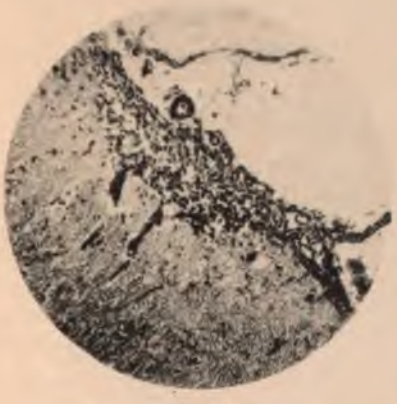

FIG. 2

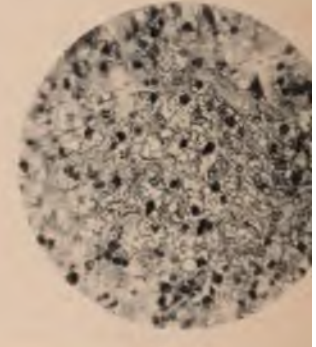

FIG. 5

FIG. 4

FIG. 3

EXPLANATION OF FIGURES

PLATE IV

PLATE IV

FIG. 6. Fatty degeneration of liver cells in Experiment 3. Liver changes of a similar nature were common in this series of experiments. Made under the same conditions as the preceding figure

FIG. 7. Gastric glands from Experiment 5. The most of the cells show varying degrees of degeneration even to complete destruction, the parietal cells, however, were fairly well preserved. Made under the same conditions as the preceding figure.

FIG. 8. This picture presents a rather marked fatty degeneration and swollen condition of the epithelium of the kidney tubules in Experiment 2. Zeiss 8.00 mm. apochromatic obj. projection oc. no. 4, bellows extension of 18½ inches.

FIG. 9. Section from an emphysematous bleb in lung of Experiment 2. The widely dilated and, in some places, ruptured walls of the air cells in the upper ⅔ of the figure are in marked contrast to the more normal size air spaces of the lower ⅓ of the picture. Leitz 1 * obj., no ocular, bellows extension of 13 inches.

FIG. 10. The central portion of this figure has been brought sharply into focus at the expense of the remaining portions and shows the pronounced alterations of the kidney epithelium in Experiment 3. Leitz $\frac{1}{12}$ immersion, no ocular, bellows extension of 15 inches.

PLATE IV

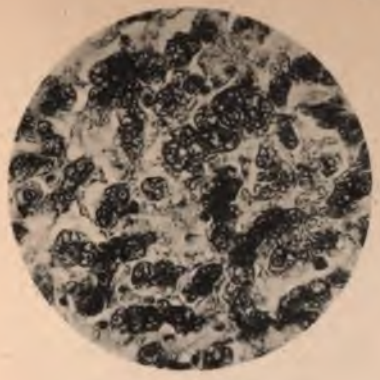

FIG. 6

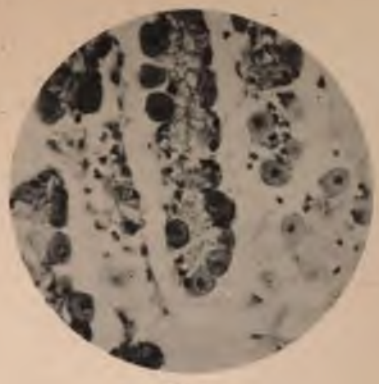

FIG. 7

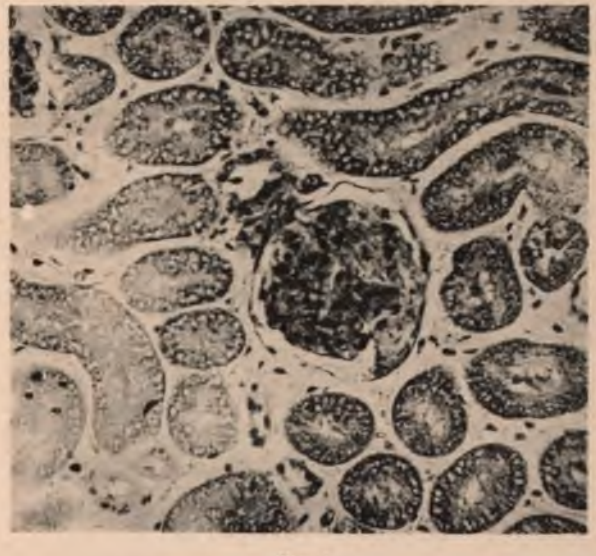

FIG. 8

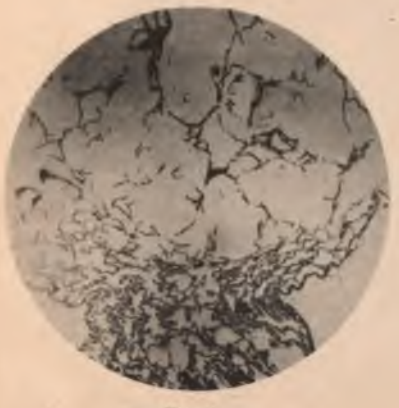

FIG. 9

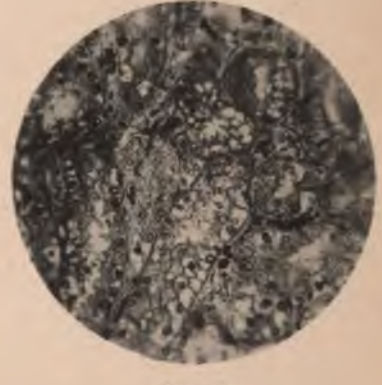

FIG. 10

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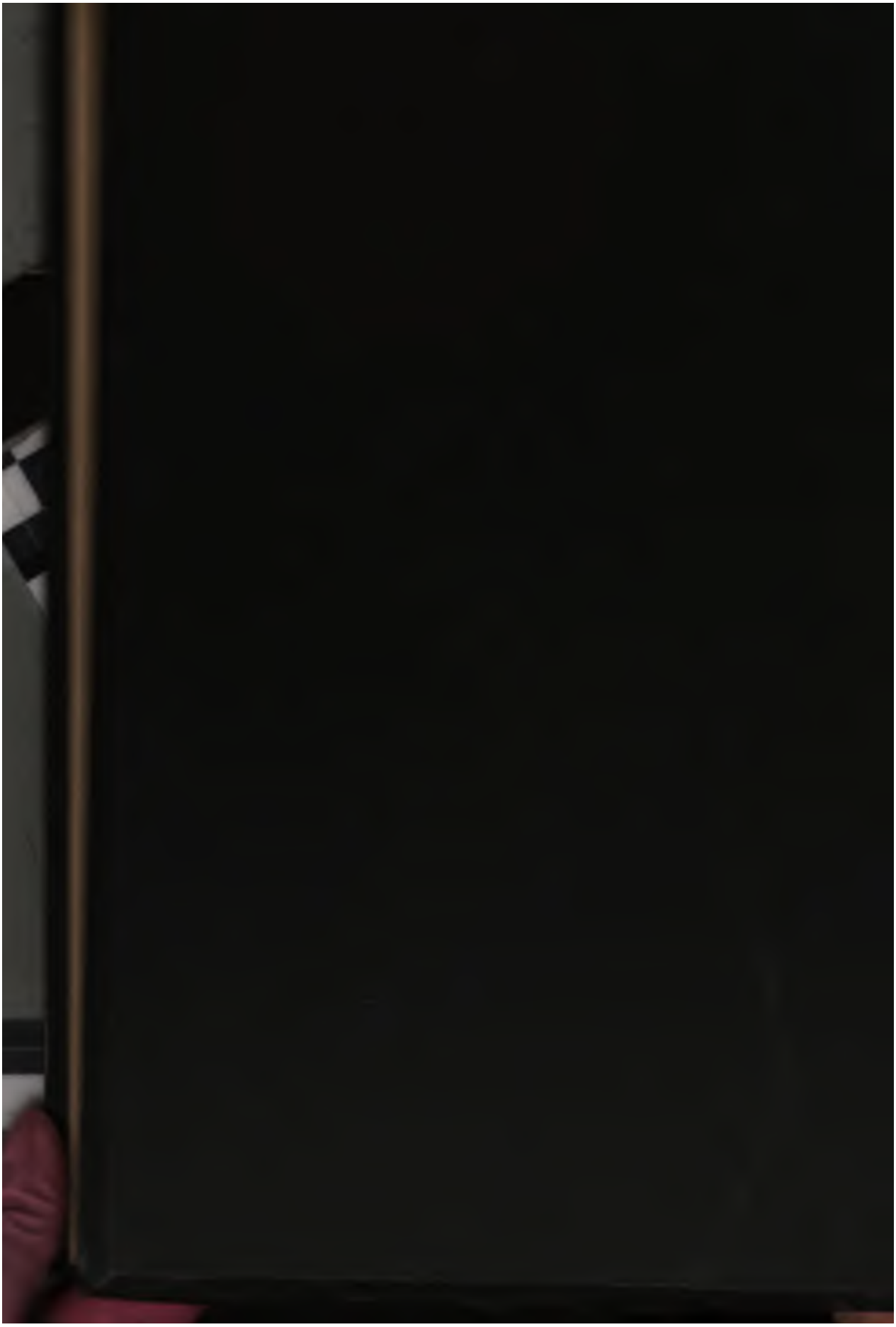
NAME	DATE DUE
W. Donald Williams	MAR 2 0 1971